

PLEASE PRINT OR TYPE IN BLOCK LETTERS
AND PROVIDE ALL DATA REQUESTED

Established Under Federal and Provincial Charter
HST # 127177145



APPLICATION FOR MEMBERSHIP

Member Full Time Student* Part Time Student

SURNAME		GIVEN NAME(S)	
ADDRESS			
STREET			
CITY		PROVINCE	POSTAL CODE
NAME OF EMPLOYER		POSITION	
BUSINESS ADDRESS			
CITY		PROVINCE	POSTAL CODE
PREFERRED ADDRESS			
HOME 0		BUSINESS 0	
HOME PHONE		BUSINESS PHONE	
FAX		CELL	
PREFERRED EMAIL			

EDUCATION BACKGROUND

COLLEGE OR UNIVERSITY	YEAR GRADUATED	DEGREE/DIPLOMA
SECONDARY SCHOOL	YEAR GRADUATED	GRADE COMPLETED
TECHNICAL/SPECIALIZED PROGRAM	YEAR GRADUATED	CERTIFICATE
*COLLEGE OR UNIVERSITY	PROGRAM	CREDITS PER YEAR
OTHER		

*Full time students only please complete Line 4 under Education Background

BUSINESS BACKGROUND

CURRENT EMPLOYER	PRESENT POSITION
DUTIES	
	DATES EMPLOYED
SUPERVISOR NAME	TELEPHONE

BUSINESS BACKGROUND cont'd

PREVIOUS EMPLOYER	PREVIOUS POSITION
DUTIES	
	DATES EMPLOYED
SUPERVISOR NAME	TELEPHONE

HOW DID YOU LEARN ABOUT CIM?

- Membership Referral
 College/University Calendar
 Print Advertisement
 CIM Website
 Human Resource Department
 Other (Specify)

NAME ON MEMBERSHIP CERTIFICATE (PLEASE PRINT IN BLOCK LETTERS)**PAYMENT INFORMATION**

TOTAL FEE PAID	
PAYMENT METHOD <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CREDIT CARD	
CREDIT CARD #	EXPIRY DATE
CARD TYPE <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS	
SIGNATURE	DATE

RETURN TO CIM HEAD OFFICE: 311 -80 BRADFORD STREET, BARRIE, ON L4n 6s7 TEL: 1 -705-725-8926	RETURN TO CIM CHAPTER:

PRIVACY STATEMENT: THE CANADIAN INSTITUTE OF MANAGEMENT MAINTAINS ALL INFORMATION CONFIDENTIAL IN COMPLIANCE WITH THE PRIVACY ACT.

HEAD OFFICE USE ONLY			
APPLICATION APPROVED	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE