



## MEMBERSHIP APPLICATION

All information given on this form is strictly confidential. Please supply as much support documentation as possible. Submit the application to the CInst.M. office at 205 Miller Drive, Halton Hills (Georgetown), ON Canada L7G 6G4. Please print or type the information submitted on the form.

Mr. / Ms

I (Given Names).....Surname.....  
hereby apply for election to membership of the Canadian Institute of Marketing on the basis of the information provided in this form and agree to accept the decision of the Registrar. I enclose the application processing fee (**\$CAD50**) and agree to remit the annual subscription on demand.

Signature.....Date.....

### Please complete this section.

Home Address

.....  
.....

Home Telephone .....

Home Fax.....

Home E-mail Address.....

Business Name and Address

.....  
.....  
.....

Position in Company/Division.....

Date of Appointment.....

Responsibility

To whom do you report?

.....

No. of Marketing Employees reporting to you.

No. of Office Staff reporting to you.

Budget for which you are Responsible (\$CAD).

.....

Please describe briefly your marketing/management responsibility.....

.....  
.....

Business Telephone Number .....

Business Fax Number.....

Business E-mail Address.....

Business Web Site URL.....

Address to be used for correspondence

Business.....

Residence.....

*Continued on page 2*

**REFEREE**

Must be a Director or Senior Officer of the applicant's company or organization. I have known the applicant for.....years, consider this person a candidate for membership, and support the application. To the best of my knowledge and belief, the details described on this form are correct.

Name	Office held in company/organization
.....	.....
Company	Signature
.....	.....

**QUALIFICATION(S)**

Please name other marketing associations of which you are a member

.....

Degrees/Professional Qualifications (**Relevant supporting documents or copies MUST be attached to this form**)

.....  
.....

Membership in Professional Bodies

.....  
.....

**PREVIOUS BUSINESS EXPERIENCE (Over last five years in chronological order)**

	Company Name and Address	Position Held	From	To
<b>1</b>	.....	.....	.....	.....
<b>2</b>	.....	.....	.....	.....
<b>3</b>	.....	.....	.....	.....
<b>4</b>	.....	.....	.....	.....
<b>5</b>	.....	.....	.....	.....
<b>6</b>	.....	.....	.....	.....
<b>7</b>	.....	.....	.....	.....
<b>8</b>	.....	.....	.....	.....
<b>9</b>	.....	.....	.....	.....
<b>10</b>	.....	.....	.....	.....

If you are in your present position less than 5 years, additional information re: your marketing responsibilities in previous positions must be attached to this application form.

Additional information may be attached to this application form.