



CANADIAN INSTITUTE OF MANAGEMENT

Membership Application

Please print or type, and provide all data requested.

NAME _____
surname *Given Names*

HOME ADDRESS _____
Street *City* *Prov.* *Postal Code*

BUSINESS _____
Name

ADDRESS _____
Street *City* *Prov.* *Postal Code*

TELEPHONES Home (_____) _____ Business (_____) _____

FAX Home (_____) _____ Business (_____) _____

E-MAIL Home _____ Business _____

FORMAL EDUCATION - State highest level obtained and year of graduation

Year _____ Level _____ Course _____ Location _____

OTHER EDUCATION (Organized Courses)

Year _____ Level _____ Course _____ Duration in weeks _____ Location _____

Year _____ Level _____ Course _____ Duration in weeks _____ Location _____

BUSINESS EXPERIENCE - List positions held to a maximum of 25 years' experience

Present Position: Title: _____

Period Held: _____

Type of Business: _____

Number of Employees Supervised/Managed: _____

Previous Positions - List most recent positions first

From	To	Title	Employer	Type of Business	No. of Employees Supervised

RELATED DATA

Please provide data on any other position held or experience gained which is considered necessary to establish the grade of membership to which you are entitled. Examples are – Consulting; Lecturing; Voluntary Offices Held; Management, Technical or Scientific Papers Printed or Presented. (Add additional pages if required.)

PAYMENT INFORMATION		PLEASE SEND OR FAX APPLICATION FORM AND FEE TO: Canadian Institute of Management 2175 Sheppard Avenue East Suite 310 Toronto, Ontario M2J 1W8 Phone: (416) 493-0155 Fax: (416) 491-1670 E-mail: office@cim.ca Internet: http://www.cim.ca
Membership Fee: \$ _____ (As per Branch Fee Schedule)	GST #R127177145	
<input type="radio"/> Cheque enclosed Charge to: <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Amex		
Card Number: _____ Expiry: ____ / ____		
Signature: _____ Date: _____		