

**Application Form for membership of the  
Chartered Institute of Management Consultants®**

**This Application cannot be processed unless copies of academic/professional  
qualifications & CV are enclosed.**

**Application form for membership of the Chartered Institute of Management Consultants®.**

**PART 1: PERSONAL INFORMATION**

**1. Applicant Information**

Name \_\_\_\_\_  
Title First Middle Last

Home Address \_\_\_\_\_  
Street City Province/Territory/State

\_\_\_\_\_ Country Postal Code/Zip Home or cell Phone

\_\_\_\_\_ Email Date of birth (mm / dd / yyyy)

Employer \_\_\_\_\_  
Name Job title

Address \_\_\_\_\_  
City Province/Territory/State Country Postal Code/Zip

\_\_\_\_\_ Telephone # /Cell FAX Email

**University Degrees / Other Academic Qualifications**

Please list your academic and professional qualifications.

Name of Institution	Degree Type	Year Granted

**Other Professional Certifications**

Please list any other professional certifications that you hold.

Name of Professional Body	Certification	Year Granted

**PART 2: REFERENCES**

A reference must be supplied before the application can be processed.

I certify that the above applicant for admission to the Chartered Institute of Management Consultants ® has been personally known to me and that the applicant is, to my knowledge, of good character, and in my opinion is a suitable person to be admitted as a member of the Institute.

To the best of my knowledge the details of his/her application are correct.

\_\_\_\_\_  
Referee Name:

\_\_\_\_\_  
Job Title:

\_\_\_\_\_  
Company Name:

\_\_\_\_\_  
Signature:

Signature of Applicant:

I agree to accept the decision of the Council regarding my edibility for membership. If elected, I agree to abide by the Institute's Charter and Byelaws and to observe the provisions of the Institute's Code of Professional Standards. I confirm that the information supplied in support of my application is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: (mm / dd / yyyy)

N.B If you need more space, please continue to a plain sheet of paper, and attach to form.

## Waiver Form

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials or allow my membership in the Chartered Institute of Management Consultants® to lapse, I understand and agree that my CIMC Status will be revoked, and my membership terminated. I affirm that all the information that I have provided to CIMC is true, correct, and complete and I agree to hold harmless and indemnify the CIMC and its Officer, directors, employees and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment, or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last ten years and I am not under any investigation by any legal or licensing board.

Membership of CIMC does not constitute the grant of a license or other licensing authority by or on behalf of the organization as to a member's qualifications, abilities, or expertise.

The Chartered Institute of Management Consultants® does not endorse, guarantee, or warrant the credentials, work, or opinions of any individual member.

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Signature

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Date: (mm / dd / yyyy)

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Print Name