

Associate Form

Please complete the form (in BLOCK letters) and return to the CIMC together with full remittance.

Forename: Surname:

Display name
This is how your name will appear on your certificate

Date of birth (e.g. 31/12/1990): / /

Address :

Postcode: Country:

Telephone: Mobile:

Email: Address for correspondence: Home: Business:

Academic Qualifications

Please list ALL of your academic and professional qualifications.

Qualification	Year Qualified	College/University

References - A reference must be supplied before the application can be processed

I have known the applicant for _____ years and support his/her application for membership. To the best of my knowledge the details of his/her application are correct.

Signature:

Date: / /

(DD/MM/YYYY)

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 Bye-laws 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: / /

(DD/MM/YYYY)

Waiver Form

This Application cannot be processed unless copies academic/professional qualification are enclosed

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 10 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.

Signature:

Date:
(DD/MM/YYYY)

D	D	/	M	M	/	Y	Y	Y	Y
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Membership Officer
The Chartered Institute of Management Consultants
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