



Application for Admission

- Please type or print clearly
- This application cannot be processed unless copies of Degree/ professional qualification certificates are enclosed

Personal Details

Title (Dr / M r/ Ms / Mrs / Other): _____ Surname: _____

Forename(s) _____ Initial _____

Home address: _____

Postcode _____ Telephone _____ Home E-mail _____

Date of Birth _____ Nationality _____

Company and Business address _____

Postcode _____ Telephone _____ Fax _____

Mobile: _____ E-mail _____

Address for correspondence (please tick) : Home Business

Academic Details

Qualifications obtained. Please list all of your academic and professional qualification, giving title, year and place of study

| | Year | Place of Study |
|-------|------|----------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Career Details

Present Company/Organization

- **If less than three years then details of previous employer**

Name _____ Date joined _____

Division _____ Public/Private (delete as appropriate)

If a subsidiary, name of parent company _____

Nature of Company's Business _____ SIC Code _____

Please indicate which description best fits your company's business

- | | |
|---|---|
| <input type="checkbox"/> Manufacturer/Importer | <input type="checkbox"/> Business/Industrial services |
| <input type="checkbox"/> Retailer/Wholesaler | <input type="checkbox"/> Business/industrial distribution |
| <input type="checkbox"/> Business/Industrial/Product Manufacturing | <input type="checkbox"/> Consumer services |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Financial Consultancy |
| <input type="checkbox"/> Consumer durables as manufacturer/importer | <input type="checkbox"/> Public Sector |
| <input type="checkbox"/> Consumer durables as retailer/wholesaler | <input type="checkbox"/> Non-Profit Making |
| <input type="checkbox"/> Financial Education | |

Your current appointment

Job Title _____ Date appointed _____

Director/ Middle Manager Junior Manager Senior Manager Other (Please specify) _____

Are you self-employed? Yes No

References

A REFERENCE MUST BE SUPPLIED BEFORE THE APPLICATION IS PROCESSED

Referee must be a director or senior officer of your company or organization. If you are self-employed, or head of your organization, the referee may be a previous employer or professional advisor.

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.

Name
(CAPITALS) _____ JOB TITLE _____

COMPANY
(CAPITALS) _____ SIGNATURE _____

Signature

I agree to accept the decision of the Council as my eligibility for election to the appropriate grade of membership .If selected I agree to abide by the Association's Charter and Bye-laws and to observe the provisions of the Association's Code of Professional Standards. I confirm that the information supplied in support of my application for membership is correct.

Signature _____ DATE _____

Chartered Institute of Management Consultants

Suite 420-1090 West Pender Street, Vancouver, BC V6E 2N7, CANADA F (604) 687 1221 E info@cimcglobal.org

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Chartered Institute of Management Consultants 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 10 years and I am not under any investigation by any legal or licensing board.

The CIMC does not endorse, guarantee or warrant the work or opinions of any individual member.

Signature _____ DATE _____

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