



**CANADIAN INSTITUTE OF
MANAGEMENT INSTITUT
CANADIEN DE GESTION**

APPLICATION FOR TITLE AND
DESIGNATION AS A
CHARTERED MANAGER (C.Mgr.)
Procedure M-111(16)

Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	SURNAME	GIVEN NAME(S)	
ADDRESS			
STREET			
CITY	PROVINCE	POSTAL CODE	
NAME OF EMPLOYER		POSITION	
BUSINESS ADDRESS			
STREET			
CITY	PROVINCE	POSTAL CODE	
PREFERRED ADDRESS HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/>			
HOME PHONE		BUSINESS PHONE	
FAX		MOBILE PHONE	
PREFERRED EMAIL			

HAVE YOU COMPLETED THE COURSES LEADING TO THE C.I.M. DESIGNATION?

YES NO YEAR COMPLETED _____

CANADIAN INSTITUTE OF MANAGEMENT MEMBER?

YES NO MEMBERSHIP ID # _____

OTHER DIPLOMAS AND YEAR COMPLETED. PLEASE ATTACH A TRANSCRIPT AND/OR COPY OF THE DIPLOMA. OFFICIAL TRANSCRIPTS ARE REQUIRED TO BE FORWARDED TO THE CIM NATIONAL OFFICE BY YOUR EDUCATIONAL INSTITUTION(S).

BUSINESS OR ACADEMIC BACKGROUND

CURRENT EMPLOYER		PRESENT POSITION
DUTIES AND MAJOR RESPONSIBILITIES		
SUPERVISOR	TITLE	TELEPHONE
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
STARTING MANAGEMENT POSITION (if applicable)	START DATE	BUDGET (if applicable)
NUMBER OF EMPLOYEES SUPERVISED (if applicable)		

OTHER POSITIONS (LIST MOST RECENT POSITION FIRST)

DATE	TITLE	EMPLOYER	TYPE OF BUSINESS	EMPLOYEES SUPERVISED	BUDGET

**ACTIVITIES AND INTERESTS
PROFESSIONAL, SOCIAL, CIVIC ORGANIZATIONS**

REFERENCES: GIVE NAME OF THREE PERSONS NOT RELATED TO YOU, WHO KNOW YOU THROUGH BUSINESS OR ACADEMIA. THREE LETTERS OF REFERENCE MUST BE SUBMITTED WITH APPLICATION.

REFERENCE 1

NAME		PROFESSIONAL TITLE
ORGANIZATION NAME		TELEPHONE
ADDRESS		
STREET		
CITY	PROVINCE	POSTAL CODE

REFERENCE 2

NAME		PROFESSIONAL TITLE	
ORGANIZATION NAME		TELEPHONE	
ADDRESS			
STREET			
CITY	PROVINCE	POSTAL CODE	

REFERENCE 3

NAME		PROFESSIONAL TITLE	
ORGANIZATION NAME		TELEPHONE	
ADDRESS			
STREET			
CITY	PROVINCE	POSTAL CODE	

HOW DID YOU LEARN ABOUT CIM?

- MEMBERSHIP REFERRAL
- COLLEGE/UNIVERSITY CALENDAR
- PRINT ADVERTISEMENT
- CIM WEBSITE
- HUMAN RESOURCE DEPARTMENT
- OTHER (SPECIFY)

NAME ON CERTIFICATE (PLEASE PRINT IN BLOCK LETTERS)

I authorize the Canadian Institute of Management to confirm the data on this application form. I agree to commit to and abide by the intent of the Code of Ethics and participate in CIM functions. I will sign and return the Code of Ethics to the Head Office as part of my application.

Examples are:

- Attend CIM activities
- Submission of articles or a column to the Institute's publications.
- Presentation to the CIM to add to the Technical or Managerial upgrading of members (regular meetings, special conferences, or workshops)
- Service in an executive position or a committee member

Signature _____ Date _____

An application must be submitted and accompanied by the processing fee and annual membership fee. The membership fee will be refunded if an applicant should fail to meet the standards for the Institute's Designation.

PRIVACY STATEMENT: THE CANADIAN INSTITUTE OF MANAGEMENT MAINTAINS ALL INFORMATION CONFIDENTIAL IN COMPLIANCE WITH THE PRIVACY ACT.			
NATIONAL USE ONLY			
APPLICATION			
APPROVED	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE

PAYMENT INFORMATION (Note: Please refer to www.cim.ca for applicable Chapter Membership and National Application fee on the Fee Schedule)

TOTAL FEE PAID	
PAYMENT METHOD CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	
CREDIT CARD #	EXPIRY DATE
CARD TYPE MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/>	
SIGNATURE	DATE

RETURN TO CIM HEAD OFFICE:
311- 80 Bradford Street
BARRIE, ON L4N 5S7
TEL: 1-705-725-8926

