

PLEASE PRINT OR TYPE IN BLOCK LETTERS  
AND PROVIDE ALL DATA REQUESTED

Established Under Federal and Provincial Charter  
HST # 127177145



## APPLICATION FOR MEMBERSHIP

Member                       Full Time Student\*                       Part Time Student

SURNAME		GIVEN NAME(S)	
ADDRESS			
STREET			
CITY		PROVINCE	POSTAL CODE
NAME OF EMPLOYER		POSITION	
BUSINESS ADDRESS			
CITY		PROVINCE	POSTAL CODE
PREFERRED ADDRESS			
HOME 0		BUSINESS 0	
HOME PHONE		BUSINESS PHONE	
FAX		CELL	
PREFERRED EMAIL			

### EDUCATION BACKGROUND

COLLEGE OR UNIVERSITY	YEAR GRADUATED	DEGREE/DIPLOMA
SECONDARY SCHOOL	YEAR GRADUATED	GRADE COMPLETED
TECHNICAL/SPECIALIZED PROGRAM	YEAR GRADUATED	CERTIFICATE
*COLLEGE OR UNIVERSITY	PROGRAM	CREDITS PER YEAR
OTHER		

\*Full time students only please complete Line 4 under Education Background

### BUSINESS BACKGROUND

CURRENT EMPLOYER	PRESENT POSITION
DUTIES	
	DATES EMPLOYED
SUPERVISOR NAME	TELEPHONE

**BUSINESS BACKGROUND cont'd**

PREVIOUS EMPLOYER	PREVIOUS POSITION
DUTIES	
	DATES EMPLOYED
SUPERVISOR NAME	TELEPHONE

**HOW DID YOU LEARN ABOUT CIM?**

- Membership Referral     
 College/University Calendar     
 Print Advertisement  
 CIM Website     
 Human Resource Department     
 Other (Specify)

**NAME ON MEMBERSHIP CERTIFICATE (PLEASE PRINT IN BLOCK LETTERS)****PAYMENT INFORMATION**

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

<b>RETURN TO CIM HEAD OFFICE:</b>  311 - 80 BRADFORD STREET  BARRIE, ON L4N 6S7  TEL: 1 -705-725-8926	<b>RETURN TO CIM CHAPTER:</b>

**PRIVACY STATEMENT:** THE CANADIAN INSTITUTE OF MANAGEMENT MAINTAINS ALL INFORMATION CONFIDENTIAL IN COMPLIANCE WITH THE PRIVACY ACT.

<b>HEAD OFFICE USE ONLY</b>			
APPLICATION APPROVED	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE