



The Chartered
Institute of Marketing

Professional membership application form

I would like to apply for (please tick box):

- Affiliate Professional membership**
complete all sections except section 4
- Graded membership**
complete all sections



Professional membership application form

Graded membership guidance notes (not applicable for Affiliate Professional membership):

To enable us to assess your level of entry please complete the application form and return it with:

1. A signed reference to be completed by your line manager or equivalent at your present company. (See section 4)
If you are self-employed or the head of an organisation, the referee may be a previous employer or professional adviser.
2. Your current CV signed by your chosen referee (describing your current and previous appointments).
3. Copies of relevant academic qualifications.

If you have been a member previously, please enter your membership number _____

I don't remember my membership number

Section 1. Personal details

Dr Mr Mrs Ms Miss Other (please specify) _____ Male Female

First name _____ Family name _____

Nationality _____ Ethnic origin _____

Date of birth (DD/MM/YYYY) _____ / _____ / _____

Home address _____

Town _____ County _____

Postcode _____ Country _____

Home telephone number _____ Mobile _____

Home email _____

Section 2. Your current appointment

Job title _____

Date appointed (MM/YYYY) _____ / _____

Job level

Director/Senior Manager Middle Manager Junior Manager Non-Manager/Executive Other _____

Company name _____

Company address _____

Town _____ County _____

Postcode _____ Country _____

Business telephone number _____ Business fax _____

Business email _____ Business mobile _____

Do you hold a degree level qualification majoring in marketing? Yes No

Section 3. Contact preferences

From your details please indicate your preferred contact choices; tick *either* Business *or* Personal for each of the following channels:

	Business	Personal
Post	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>

Section 4. Reference

I have known the applicant for _____ years and support his/her application for membership. To the best of my knowledge the information supplied in this application is correct.

Name _____

Position _____ Company _____

Contact telephone number _____

Signature _____ Date _____

Section 5. Chartered CPD Programme

I would like to join the Chartered CPD Programme. (Full details available at www.cim.co.uk/charteredcpd)

Section 6. Market Interest Groups

Please select which group(s) you would like to join. (Select up to 3)

- | | |
|--|---|
| <input type="checkbox"/> Construction Industry Group | <input type="checkbox"/> Creative Professionals in Marketing Communications |
| <input type="checkbox"/> Financial Group | <input type="checkbox"/> Food, Drink and Agriculture Group |
| <input type="checkbox"/> Hotel Marketing Association | <input type="checkbox"/> Medical Marketing Group |
| <input type="checkbox"/> Small Business Group | <input type="checkbox"/> Travel Interest Group |
| <input type="checkbox"/> Higher Education Group | |

Section 7. Where did you hear about us

- | | | | | |
|---|--|---|---|-----------------------------------|
| <input type="checkbox"/> Advertising/PR | <input type="checkbox"/> Careers Advisor | <input type="checkbox"/> College/University | <input type="checkbox"/> Direct Marketing | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Exhibition | <input type="checkbox"/> Marketing Press | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Other (please specify) | |

Section 8. Declaration

I agree to accept the decision of the assessor as to my eligibility for election grade of membership. 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 (all available at www.cim.co.uk/governance).

I confirm that the information supplied in support of my application for membership is correct.

Signature _____ Date _____



Membership fees

Grade	Payment method	UK & Western Europe	International standard rate	International reduced rate*
Affiliate Professional	Credit/Debit card/cheque or monthly/quarterly direct debit	£145	£110	£90
	Annual Direct Debit (UK bank account holders only)	£135	N/A	N/A
ACIM/MCIM	Credit/Debit card/cheque or monthly/quarterly direct debit	£150	£130	£110
	Annual Direct Debit (UK bank account holders only)	£140	N/A	N/A
FCIM	Credit/Debit card/cheque or monthly/quarterly direct debit	£170	£145	£130
	Annual Direct Debit (UK bank account holders only)	£160	N/A	N/A

*For details of International reduced rate countries visit www.cim.co.uk/fees

Section 9. Payment details

- I wish to pay by direct debit – please complete the enclosed Direct Debit Mandate (UK bank account holders only)
- I enclose a cheque for £ _____ payable to The Chartered Institute of Marketing
- I wish to pay by credit/debit card

Please indicate type of card. (We are unable to accept payment by Diners, Solo or Visa Electron)

- Visa Mastercard Delta Maestro/Switch American Express

I authorise you to debit my credit/debit card with the amount of £ _____

My credit/debit card number is

Valid from Expires Issue number (for Maestro/Switch/Delta)

Security code (Use the last three digits on the reverse of your card. For American Express use the four digit verification number on the front of your card.)

Section 10. Data protection

CIM, CIM branches and CIM Market Interest Groups will contact you with information regarding your membership.

Please indicate if you are happy to receive communications on CIM products or other external companies via the following channels:

CIM products

CIM may also contact you regarding other products from its portfolio, such as training courses, in order to keep you informed about other services available and discounts you may be entitled to as part of your membership. (Tick all that apply)

- Post Email Telephone

Other companies external to CIM

From time to time, we are approached by other companies who would like to inform you of relevant business and marketing information. These companies are strictly controlled and we never disclose member information directly to them. (Tick all that apply)

- Post Email Telephone

Signature _____ Date _____

Send completed application form, any supporting documents and payment to:

Membership Services, The Chartered Institute of Marketing, Moor Hall, Cookham, Maidenhead, Berkshire SL6 9QH, UK

For office use only

Approved

FCIM

MCIM

ACIM

AP

Signed _____ Date _____

Thank you. We look forward to welcoming you.

For applications up to 30 June 2009