



Application for Membership & Qualifications

Important Notes

- Join online at www.cim.co.uk/joincim or complete this form if you wish to join CIM as a member and/or study for professional marketing qualifications. Applications to study for sales or marketing communications qualifications should be made on a separate form.
- This form should be completed in conjunction with the booklet entitled 'How to Join' which contains information on pricing, deadlines and entry criteria.
- Please complete this form in BLOCK CAPITALS in black ink.
- A cheque or credit/debit card details must accompany this form in order for it to be processed.

Please return your completed form, academic certificates (photocopies are acceptable), CV and payment to:

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

Are you applying for:

- Membership and Marketing Qualifications (tick box)
- Please complete all sections **excluding Section 3**
- Membership only (tick box)
- Please complete all sections **excluding Section 5**

If you have ever registered for CIM Membership before, please enter your

Membership number: _____ Unknown (tick box)

1. Personal Details

CIM respects the information that you provide and will use it primarily for the purpose of a business relationship. Full details of our data protection policy can be found on the CIM web site at www.cim.co.uk

Title (Dr, Mr, Mrs, Ms, Miss, Other): _____ Gender: Male Female (tick box)

Forenames: _____

Family Name: _____

Name to appear on certificates if applicable (if different from above): _____

Nationality: _____ Date of Birth: _____

Description of Ethnic origin (please tick only one)

White
 British
 Irish
 Any other white background

Asian or Asian British
 Indian
 Pakistani
 Bangladeshi
 Any other Asian background

Chinese or other ethnic group
 Chinese
 Any other (please state): _____

Mixed
 White and black Caribbean
 White and black Asian
 White and Asian
 Any other mixed background

Black or Black British
 Caribbean
 African
 Any other Black background

Physical Status

Able-bodied (no disability)	<input type="checkbox"/>	Have a visual impairment	<input type="checkbox"/>
Disabled but not in receipt of disability benefit	<input type="checkbox"/>	Have a hearing impairment	<input type="checkbox"/>
Disabled and in receipt of disability benefit	<input type="checkbox"/>	Have special access needs	<input type="checkbox"/>

Contact details

Home Address: _____

Town: _____ County: _____

Country: _____ Postcode: _____
(essential for UK applicants)

Home Telephone: _____ Home Fax: _____

Home Email: _____ Mobile: _____

How did you find out about CIM?

Marketing Press/Advertising	<input type="checkbox"/>	Careers Advisor	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Direct Mail	<input type="checkbox"/>
Exhibition	<input type="checkbox"/>	Other (please specify): _____	

Membership of Related Organisations

1 Chartered Management Institute	<input type="checkbox"/>	8 Institute of Practitioners in Advertising	<input type="checkbox"/>
2 Institute of Sales Promotion	<input type="checkbox"/>	9 Chartered Institute of Public Relations	<input type="checkbox"/>
3 Institute of Directors	<input type="checkbox"/>	10 Marketing Society	<input type="checkbox"/>
4 Institute of Export	<input type="checkbox"/>	11 Worshipful Company of Marketers	<input type="checkbox"/>
5 Market Research Society	<input type="checkbox"/>	12 Institute of Direct Marketing	<input type="checkbox"/>
6 Royal Society of Arts	<input type="checkbox"/>	13 Other (please specify) _____	
7 Institute of Sales and Marketing Management	<input type="checkbox"/>		

2. Employment Details

Please enclose a typed curriculum vitae or resumé describing your current and previous appointments. If you are currently still in full time education, it is not necessary to complete this section.

How much marketing experience do you have? _____ Years

Total length of work experience? _____ Years

Your Current Appointment

Job title: _____ Date appointed: _____

Director/ Senior Manager Middle Manager Junior Manager Other (please specify): _____

Please enclose a *typed job description* and an *organisation chart*, which clearly indicate your position within the company, to help us assess your practical experience. This is not necessary if applying for qualifications based on your academic history.

Current Company Name: _____ Public

or Private

If subsidiary, name of parent company: _____

(tick box)

Company Address: _____

Town: _____ County: _____

Country: _____ Postcode: _____

Business Telephone: _____ Business Fax: _____

Business Email: _____

CIM will keep you updated with relevant information as part of your membership.

At which address would you prefer to receive correspondence regarding your membership?

Home

Business

Nature of Company's Business

Please state the nature of your company's business

Industry Sectors (Please tick the relevant box)

- | | |
|---|---|
| <input type="checkbox"/> 1 Mining & Extraction | <input type="checkbox"/> 16 Travel/Transport |
| <input type="checkbox"/> 2 Energy, Petroleum, Chemicals & Allied Products | <input type="checkbox"/> 17 Communications |
| <input type="checkbox"/> 3 Pharmaceuticals | <input type="checkbox"/> 18 Commerce/Trade/Retailing |
| <input type="checkbox"/> 4 Mechanical Engineering | <input type="checkbox"/> 19 Conglomerates/Holding Companies |
| <input type="checkbox"/> 5 Motor Vehicles | <input type="checkbox"/> 20 Banking/Finance |
| <input type="checkbox"/> 6 Aeronautics & Ships | <input type="checkbox"/> 21 Consulting/Professional |
| <input type="checkbox"/> 7 Electrical Engineering | <input type="checkbox"/> 22 Charities/Museums/etc. |
| <input type="checkbox"/> 8 Computer Manufacturing & Services | <input type="checkbox"/> 23 Hotels/Leisure/Entertainment |
| <input type="checkbox"/> 9 Textiles/Clothing/Footwear | <input type="checkbox"/> 24 Police/Fire brigade/etc. |
| <input type="checkbox"/> 10 Food/Drink/Tobacco | <input type="checkbox"/> 25 Education |
| <input type="checkbox"/> 11 Cosmetics/Toiletries etc. | <input type="checkbox"/> 26 Water Companies |
| <input type="checkbox"/> 12 Household Products/etc. | <input type="checkbox"/> 27 Central Government |
| <input type="checkbox"/> 13 Timber/Paper/Packaging | <input type="checkbox"/> 28 Local Government |
| <input type="checkbox"/> 14 Other Products | <input type="checkbox"/> 29 Health Authorities/Trusts/etc. |
| <input type="checkbox"/> 15 Building/Construction | <input type="checkbox"/> 30 Other Services |

3. Reference (not required for those applying to study for a qualification)

This reference must be supplied by a director or senior officer of your present company or organisation. If you are self-employed or are the head of your organisation, the referee may be a previous employer or professional adviser.

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.

Please remember that a reference must be supplied before the membership application can be processed. Please also ensure that your CV is signed by your referee before submitting it, along with this form, to CIM.

Name: _____ Position: _____

Company: _____ Contact Tel: _____

Signature: _____ Date: _____

4. Academic Details

Do you have any of the following CIM Qualifications?	Year Awarded
<input type="checkbox"/> CIM Advanced Certificate / Professional Diploma in Marketing	_____
<input type="checkbox"/> CIM Advanced Certificate in Arts Marketing	_____
<input type="checkbox"/> CIM Postgraduate Diploma in Marketing	_____

Other Qualifications

- Degree (any subject)
- Degree in Marketing or Business
- Masters Degree (any subject)
- Professional Association Examination
- N/SVQ Level 2 Marketing
- N/SVQ Level 3 (any subject)
- N/SVQ Level 3 Marketing
- N/SVQ Level 4 (any subject)
- N/SVQ Level 4 Marketing
- N/SVQ Level 5 (any subject)

5. CIM Qualifications

For applicants studying at a CIM Accredited Study Centre:

Which study centre have you chosen for your CIM qualification? (Please state name)
(To view a full listing, please visit www.cim.co.uk/studycentres).

Study Centre Name: _____

How do you wish to study?

- Full Time
- Part Time/Intensive
- Distance Learning/Online
- Self-Study

Self-Study Applicants

Please submit documentary evidence to support your application directly to CIM.

Entry Level

Please refer to the entry level criteria set out in the 'How to Join' booklet and indicate below which level of qualification you are applying to join.

All students (except those selecting the self-study route) must obtain authorisation of their entry level from their chosen study centre. CIM will authorise the level of entry for self-study students.

Please note that CIM reserves the right of final arbiter for decisions regarding level of study.

- CIM e-Marketing Award
- CIM Introductory Certificate in Marketing
- CIM Professional Certificate in Marketing
- CIM Professional Diploma in Marketing
- CIM Diploma in Tourism Marketing
- CIM Advanced Certificate in Arts Marketing
- CIM Professional Postgraduate Diploma in Marketing

Please select from the following options:

- I confirm that my chosen study centre has authorised my level of entry
- I am a self-study student and require entry level authorisation from CIM

6. Your Branch/Interest Group

You will automatically be allocated a CIM branch depending on your home address postcode. If you know the branch to which you would like to be allocated, please state the branch name below. Also, please indicate which Interest Group you would like to join. Please refer to the 'How to Join' booklet, or visit www.cim.co.uk/branches, for the full list of branches and interest groups.

I would like to join the _____ Branch

I would like to join the _____ Interest Group

Please be advised that joining more than one market interest group will incur an additional charge.

7. Declaration

I agree to accept the decision of the assessor as to my eligibility for election to the appropriate grade of membership. If elected I agree to abide by the Institute's Charter and Bye-laws (available at www.cim.co.uk within "About CIM") and to observe the provisions of the Institute's Codes of Professional Standards. I confirm that the information supplied in support of my application for membership is correct.

Signature: _____ Date: _____

Applicants for Fellowship will need to complete an additional form, which is available from the Membership Services Department. Please call +44 (0)1628 427120.



The Chartered
Institute of Marketing



Instruction to your
Bank or Building
Society to pay
by Direct Debit

Please fill in the whole form including official use box
using a ball point pen and send it to:

Originator's Identification Number

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

9	8	4	8	7	7
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Name(s) of Account Holder(s)

Name and full postal address of your Bank or Building Society

To the Manager Bank/Building Society

Address

Bank/Building Society account number

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Postcode

Branch Sort Code (from the top right hand corner of your cheque)

--	--	--	--	--	--

Reference Number (CIM Membership Number)

--	--	--	--	--	--	--	--

FOR OFFICIAL USE ONLY

This is not part of the instruction to your Bank or Building Society.

- ANNUAL – DISCOUNTED
- *QUARTERLY – NO DISCOUNT
- MONTHLY – NO DISCOUNT

*For members selecting the quarterly option part way through their current subscription year, the balance due will be split into equal parts across the remaining quarters available. Future years will be collected in four equal quarters.

Banks or Building Societies may not accept Direct Debit Instructions for some types of account.

Instruction to your Bank or Building Society

Please pay The Chartered Institute of Marketing Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with The Chartered Institute of Marketing and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) _____ Date _____

Full information on our data protection policy can be found on the CIM web site: www.cim.co.uk. Your personal information will be passed to your chosen/local branch which may be outside the EEA, and which operates within data protection guidelines set by CIM.



This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, The Chartered Institute of Marketing will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by The Chartered Institute of Marketing or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



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

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