



The Chartered
Institute of Marketing

Senior management entry application form



Entry criteria:

To be eligible, applicants must establish that they meet the following entry criteria:

- Must have a strong marketing background (circa ten years)
- Have held a Senior Marketing Management or Senior Consultancy position for no less than five years
- Currently hold a position near to or at board level, and are responsible for planning and implementing marketing programmes

Guidance notes:

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

- An up to date CV; include details of your current post
- Copies of any academic qualifications if applicable (eg MBA, Phd etc)
- Organisation chart illustrating your current position and direct reports
- Job description and business card
- Examples of recent marketing achievements, programmes, projects and campaigns undertaken in previous twelve months for which you have had responsibility/accountability. Include details of results or impact upon the business

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 Senior Consultant Other _____

Marketing budget responsibility per annum Up to £50,000 £50,000 - £250,000 £250,000 - £500,000

£500,000 - £1 million £1 million - £5 million Over £5 million

Company name _____

Company address _____

Town _____ County _____

Postcode _____ Country _____

Business telephone number _____ Business fax _____

Business email _____ Business mobile _____

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. 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 6. 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 7. Declaration

I agree to accept the decision of the SME panel 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 _____

