



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?  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](http://www.cim.co.uk/charteredcpd))

### Section 6. Market Interest Groups

Please select which group(s) you would like to join - select up to 3. (Visit [www.cim.co.uk/migs](http://www.cim.co.uk/migs) for more information)

- |  |  |
|--|--|
| <input type="checkbox"/> Construction Industry | <input type="checkbox"/> Creative Communications                 |
| <input type="checkbox"/> Financial Services    | <input type="checkbox"/> Food, Drink and Agriculture             |
| <input type="checkbox"/> Higher Education      | <input type="checkbox"/> Hotel Marketing Association             |
| <input type="checkbox"/> Medical Marketing     | <input type="checkbox"/> Senior Marketing Network (Levitt Group) |
| <input type="checkbox"/> Small Businesses      | <input type="checkbox"/> Travel Industry                         |

### 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](http://www.cim.co.uk/governance)).

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

