

Application for Membership and Qualifications

How to Apply

Please complete this form in **BLOCK CAPITALS** in black ink.

**This form should be completed in conjunction with the booklet entitled
“Notes for Applicants”.**

Please complete the sections of the form which relate to the requested type of CIM membership as follows:

- **Membership and Qualifications:**
 - Please complete all sections **excluding Section 3.** Please tick
- **Membership only:**
 - Please complete all sections **excluding Section 5.** Please tick

Once completed, please return the form to the address below. To ensure your application is processed as quickly as possible, please enclose all the relevant information in support of your application:

- Application form (signed by chosen Accredited Study Centre if applying to study for CIM Qualifications).
- Academic Certificates (photocopies are acceptable).
- CV.
- Payment.

IMPORTANT

Please note that a cheque or credit/debit card details must accompany this form in order for it to be processed. Details of fees are provided in the “Notes for Applicants” booklet along with closing dates for receipt of applications.

Please return your form to:

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

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: _____

Nationality: _____ Date of Birth: _____

Equal Opportunities Monitoring

Home Address: _____

Town: _____ County: _____

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

Home Telephone: _____ Home Fax: _____

Home Email: _____ Mobile: _____

Description of Ethnic Origin (please tick only one)

- | | | | |
|-----------------|--------------------------|-------------------------------|--------------------------|
| White | <input type="checkbox"/> | Other Asian | <input type="checkbox"/> |
| White African | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| White Caribbean | <input type="checkbox"/> | Black African | <input type="checkbox"/> |
| Mixed | <input type="checkbox"/> | Black Other | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | | |
| Indian | <input type="checkbox"/> | Other (please specify): _____ | |
| Pakistani | <input type="checkbox"/> | | |
| Bangladeshi | <input type="checkbox"/> | | |

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"/> |

How did you find out about CIM?

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

Membership of Related Organisations

- | | | | |
|---|--------------------------|---|--------------------------|
| 1 Chartered Management Institute | <input type="checkbox"/> | 9 Institute of Practitioners in Advertising | <input type="checkbox"/> |
| 2 Institute of Sales Promotion | <input type="checkbox"/> | 10 Institute of Public Relations | <input type="checkbox"/> |
| 3 Institute of Directors | <input type="checkbox"/> | 11 Marketing Society | <input type="checkbox"/> |
| 4 Institute of Export | <input type="checkbox"/> | 12 Worshipful Company of Marketors | <input type="checkbox"/> |
| 5 Institute of Sales and Marketing Management | <input type="checkbox"/> | 13 Institute of Direct Marketing | <input type="checkbox"/> |
| 6 Market Research Society | <input type="checkbox"/> | 14 Institute of Chartered Secretaries | <input type="checkbox"/> |
| 7 Royal Society of Arts | <input type="checkbox"/> | | |
| 8 Communications Advertising and Marketing Foundation | <input type="checkbox"/> | 15 Other (please specify): _____ | |

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

Current Company Name: _____ Public or

If subsidiary, name of parent company: _____ Private
(tick box)

Company Address: _____

Town: _____ County: _____

Country: _____ Postcode: _____

Business Telephone: _____ Business Fax: _____

Business Email: _____

Nature of Company's Business

Please state the nature of your company's business _____

Industry Sectors (Please tick the relevant box)

- | | | | |
|--|--------------------------|------------------------------------|--------------------------|
| 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 | <input type="checkbox"/> |

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.

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.

Name: _____ Position: _____

Company: _____ Contact Tel: _____

Signature: _____ Date: _____

4. Academic Details

CIM Qualifications

Year Awarded

CIM Introductory Certificate in Marketing _____

CIM Certificate in Marketing _____

CIM Advanced Certificate in Marketing _____

CIM Advanced Certificate in Arts Marketing _____

CIM Postgraduate Diploma in Marketing _____

CIM e-Marketing Award _____

Other Qualifications

Name of University	Name of Qualification	Marketing Options <i>(please state if any)</i>	Date of completion

5. CIM Qualifications

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).

Study Centre Name: _____

How do you wish to study?

Full Time Distance Learning Online
Part Time Intensive

Start Date: _____ Expiry Date: _____

Signature: _____

I wish to pay by Direct Debit

Please note that this option is only available for the payment of membership fees. Please select an alternative payment method for payment of assessment fees if appropriate.

Please complete the Direct Debit form (see page 7), retaining the bottom section for your reference, before returning this form to CIM.

Please note, we do not invoice directly to companies/individuals.

8. 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 Department. Please call +44 (0)1628 427310.

9. Data Protection

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? *(Please tick)*

Home Business

We may also disclose your details to carefully selected and strictly controlled partners that we feel can provide interesting and relevant business information. If you wish to receive such third party communications, please tick the relevant boxes below.

I would like to receive the following mailings: *(Please tick)*

CIM mailings Via Email Via Post
Third party mailings Via Email Via Post

Full information on our data protection policy can be found on the CIM web site at www.cim.co.uk.

Your personal information will be passed to your chosen branch/interest group which may be outside the EEA, and which operates within data protection guidelines set by CIM.

For Office Use Only Recommendation M <input type="checkbox"/> AM <input type="checkbox"/> AP <input type="checkbox"/> AS <input type="checkbox"/> Experience Assessment:	Academic Assessment:
	Signed on behalf of assessor:
	Date:
	Membership Number:

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:

Professional Body
CIM Holdings
Moor Hall, Cookham
Maidenhead
Berkshire
SL6 9QH

Name(s) of Account Holder(s)

Bank/Building Society account number

_____|_____|_____|_____|_____|_____|_____|_____|

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

_____|_____|_____|_____|_____|_____|

Name and full postal address of your Bank or Building Society

To The Manager Bank/Building Society

Address

Postcode

Reference Number (CIM Membership Number)

_____|_____|_____|_____|_____|_____|_____|_____|

Originator's Identification Number

9	8	4	8	7	7
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FOR CIM HOLDINGS OFFICIAL USE ONLY

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

- ANNUAL – DISCOUNTED 5%
 *QUARTERLY – 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 CIM Holdings 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 CIM Holdings 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, CIM Holdings will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by CIM Holdings 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.

Assessment Entry Form

This form should be completed in conjunction with the booklet entitled "Notes for Applicants".

- If you have selected which Assessment Sessions you would like to enter, please complete this form and return with the full Application for Membership.
- If you have not yet decided which Assessment Sessions you would like to enter, please detach this form and retain it for future use. Once you have selected your sessions, please complete and return the form to the address below before the deadline date.
- If you are studying for the Introductory Certificate in Marketing or e-Marketing Award, you do not need to complete this form.
- Closing dates for the receipt of applications to enter for assessment are provided in the Notes for Applicants booklet. **NO LATE ENTRIES CAN BE ACCEPTED.**
- If you wish to receive confirmation that your form has been received at CIM, remember to complete the Receipt Card with your name and address (or alternatively provide a self addressed envelope) and return it with your form.

Please complete this form in **BLOCK CAPITALS** in black ink.

IMPORTANT

Please note that a cheque or credit/debit card details must accompany this form in order for it to be processed. Details of fees are provided in the "Notes for Applicants" booklet along with closing dates for receipt of applications.

Please post your completed Assessment Entry Form to:

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

1. CIM Membership

You must be registered as a CIM member to take CIM assessments.

Please enter your CIM Membership number: _____ Unknown (tick box)

2. Personal Details

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

Full Name: _____

Address: _____

Town: _____ County: _____

Country: _____ Postcode: _____

Home Telephone: _____ Business Telephone: _____

Home Email: _____ Mobile: _____

3. Study Details

Please enter the full name of your current CIM Study Centre (if appropriate). See our web site for list of accredited centres (www.cim.co.uk).

CIM Study Centre Name	Nearest Town/City

Exam Centre

Enter your nearest city/town and CIM will attempt to allocate the centre closest to you depending on availability.

4. Examination Subjects

Please enter a 'tick' in the box to indicate for which subjects and at which session you wish to enter for examination.

	December 2003	June 2004
Certificate in Marketing Customer Communications Marketing Environment Marketing Fundamentals Marketing in Practice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Advanced Certificate in Marketing Marketing Operations The Marketing Customer Interface Management information for Marketing Decisions Effective Management for Marketing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Advanced Certificate in Marketing (Stage 2) Marketing Research and Information Marketing Planning Marketing Communications Marketing Management in Practice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postgraduate Diploma in Marketing Integrated Marketing Communications International Marketing Strategy Planning & Control Analysis & Decision	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

5. Assignment/Integrative Project Assessment

Only students assigned to a study centre accredited to run assignment-based assessments may enter for this form of assessment.

Please enter a 'tick' in the box to indicate which subjects you wish to enter for assignment.

	December 2003	June 2004
Certificate in Marketing Customer Communications Marketing Environment Marketing Fundamentals Marketing in Practice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



	December 2003	June 2004
Advanced Certificate in Marketing Management information for Marketing Decisions Effective Management for Marketing	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Advanced Certificate in Marketing (Stage 2) Marketing Research and Information Marketing Planning Marketing Communications Marketing Management in Practice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Advanced Certificate in Arts Marketing Building Relationship with Arts Audiences Using Marketing Information The Arts Marketing Mix Managing the Marketing Process	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6. Payment Details

Please refer to the Notes for Applicants booklet for applicable assessment fees.

I enclose a cheque for £ _____ payable to 'CIM Holdings Ltd'

OR:

I wish to pay by Credit Card/Debit Card

I authorise you to debit my Credit/Debit Card with the amount of £ _____

If paying by Switch/Delta/Connect please state Issue Number: _____

My Credit/Debit Card number is:

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

Start Date: _____ Expiry Date: _____

Signature: _____

7. Declaration

I agree to comply with examination and assessment regulations as published and as may be determined by The Chartered Institute of Marketing.

Signature: _____ Date: _____

8. Special Needs Requirements

We are able to assist in arrangements for special needs requirements for CIM assessments. Please include with your application form details of your special needs requirements, supported by medical evidence where appropriate.

Alternatively telephone +44 (0)1628 427136 or email specialneeds@cim.co.uk for further guidance.



The Chartered
Institute of Marketing

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

Web Site: www.cim.co.uk



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