

Application Form for Associate membership of the Chartered Institute of Management Consultants®

This Application cannot be processed unless copies of academic/professional qualifications & CV are enclosed.



Application form for Associate membership of the Chartered Institute of Management Consultants®

PART 1: PERSONAL INFORMATION

ame	Title	First	Middle	Last
ome Address				
	Street	City		Province/Territory/State
	Country	Postal Code/Zip		Home or cell Phone
	Email			Date of birth (mm / dd / yyyy)
nployer				
	Name			Job title
dress	City	Drovings/Torriton/State	Country	Deatel Code/7in
	City	Province/Territory/State	Country	Postal Code/Zip
	Telephone # /Cell	FAX		Email

Name of Institution	Degree Type	Year Granted

Other Professional Certifications

Please list any other professional certifications that you hold.

Name of Professional Body	Certification	Year Granted

Date: (mm / dd / yyy	yy)
	Date: (mm / dd / yyy



Waiver Form

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials or allow my membership in the Chartered Institute of Management Consultants® to lapse, I understand and agree that my CIMC Status will be revoked, and my membership terminated. I affirm that all the information that I have provided to CIMC is true, correct, and complete and I agree to hold harmless and indemnify the CIMC and its Officer, directors, employees and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment, or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last ten years and I am not under any investigation by any legal or licensing board.

Membership of CIMC does not constitute the grant of a license or other licensing authority by or on behalf of the organization as to a member's qualifications, abilities, or expertise.

The Chartered Institute of Management Consultants® does not endorse, guarantee, or warrant the

credentials, work, or opinions of any individua	al member.
Signature	Date: (mm / dd / yyyy)
Print Name	