



THE CYPRUS INSTITUTE OF MARKETING

P.O.BOX 25288, 1308

TEL. +22778475, FAX: +22779331, NICOSIA - CYPRUS

APPLICATION FOR MEMBERSHIP

RECENT PHOTO	SERIAL NO.	OFFICIAL USE ONLY	
		Application Approved	<input type="checkbox"/>
		Application Rejected	<input type="checkbox"/>

THIS FORM SHOULD BE LEGIBLE FOR PHOTOCOPYING
PLEASE USE BLOCK LETTERS THROUGHOUT

1. Full name: (Mr/Mrs/Miss/Dr)
(Underline surname/main name)

2. Date of birth:	3. Marital Status. No. of Children	4. Nationality:
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5. Private address:	6. Business address:
Telephone:	Telephone: Fax:

7. I wish correspondence to be addressed to:

<input type="checkbox"/> Private address	<input type="checkbox"/> Business address
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8. Name of business.	9. If your company is part of a parent group, state name and location:
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10. Present position:

11. Details of present marketing duties:

12. Career information (prior to present post in chronological order)

	FROM	TO	NAME OF COMPANY	POST HELD
1.				
2.				
3.				
4.				

13. Academic qualifications:

	FROM	TO	NAME OF COLLEGE/UNIVERSITY	QUALIFICATION OBTAINED
1.				
2.				
3.				
4.				

15. References. Please give the names and addresses of two persons, not relatives, who will act as your referees. The first referee should be your immediate superior and able to support your application by actual knowledge of your responsibilities. If you are the Head of your firm, please name two business/professional associates. Although not an essential requirement, one of the referees should preferably be a member of C.I.M. Referees will be approached at the discretion of the Membership Committee.

1 st Referee:		2 nd Referee:	

16. For the sake of efficiency and to minimize handling cost Membership is ONLY offered in a LIFE Subscription basic. The rates are as follows:

CYPRLOTS

ASSOCIATE - EUROS 170
MEMBERSHIP - EUROS 260
FELLOWSHIP - EUROS 345

Above fees must accompany the application form.

OVERSEAS

ASSOCIATE – EUROS 200
MEMBERSHIP – EUROS 300
FELLOWSHIP - EUROS 400

In case the application is turned down the fee will be refunded after a handling fee for EUROS 30 has been deducted.

DECLARATION

17. I hereby declare that the information given is correct. I also declare that I will abide with the rules of Membership. I fully understand that the Membership Certificate is the property of the Institute and I will return it to the Institute whenever I am asked to do so. I fully understand and wholeheartedly accept that being a member of the Institute does not entitle me or my company or my partners to any financial/legal interest and/or rights whatsoever in the Institute's business affairs.

My affiliation as a Member / Fellow of the Institute is PURELY an honorary one, and a reflection of respect, appreciation and recognition for my work done and for my contribution to the promotion of the marketing and management practices.

Finally I declare that I will do my utmost to promote and protect the good name and dignity of this Institute.

Signature of Applicant:

Date:

PLEASE ENSURE PHOTOCOPIES OF YOUR CREDENTIALS AND PAYMENT ARE ENCLOSED.