



OFFICIAL USE ONLY

APPLICATION RECEIVED ON: _____

[] COMPLETED REQUIRED DOCUMENTS

INVOICE NO. _____

OR NO. _____

MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Application type (New/Renewal), Name (Mr./Ms./Mrs./Miss/Dr.), Last/Family Name/Surname, First/Given Name, Middle Name, Suffix, Date of Birth

CONTACT INFORMATION

(Please indicate your contact preference)

BUSINESS MAILING ADDRESS

Business address fields: Position, Company Name, Street, City, State/Province, Zip Code/Postal Code, Country, Business Phone Number, Fax Number, E-mail Address

HOME MAILING ADDRESS

Home address fields: Street, City, State/Province, Zip Code/Postal Code, Country, Phone Number, Personal E-mail Address

EDUCATIONAL HISTORY

Education table with columns: Undergraduate, Graduate, Post Graduate, (Name of Institution), (Degree), (Major), (Date Received/Expected)

PROFESSIONAL DESIGNATION

Professional designation table with columns: (Name of Institution), (Year), (Membership No.)

MEMBERSHIP INFORMATION

I have completed or obtained full credit for the program by undertaking a study program from _____ earning total of _____ credit points in year _____.

- Certified Sales Professional (CSP)
Certified Marketing Professional (CMP)

MEMBERSHIP FEE

I would like to pay the non-refundable membership fee of US\$200.00 by:

- Cash
Check (Bank Name, Check Number)
MasterCard, Card Visa, AMEX (Card Number, Expiry Date, Card Holder Name, Signature)

ACCEPTANCE OF RULES

I _____ (name) desire to become a _____ (CSP/CMP). In the event of my admission as a member, I agree to be bound by the rules of the Sales and Marketing Institute International for the time being in force.

Signature _____ Date _____

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- [] APPROVED
[] FOR REVIEW
[] NOT APPROVED

MEMBERSHIP NO. _____

REASON: _____