

YOUR FIRST STEP TOWARDS OBTAINING THE CMC DESIGNATION
 Institute of Certified Management Consultants of Atlantic Canada
 Membership Application Form (CMC-Atlantic Canada)

Name:		Referred by:	
Salutation: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	Gender:	Date of Birth: (dd/mm/yyyy)	
Company:		Title:	
Address:	City:	Province:	Postal Code:
Telephone:	Fax:		
Web Address:	Email:		
Date Consulting Since:	# Management Consultants in Firm: <input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50+		
Home Address:	City:	Province:	Postal Code:
Home Telephone:	Cell:		
Address Correspondence to: <input type="checkbox"/> Business <input type="checkbox"/> Residential		Resume/CV included: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SPONSORS (two required)

This signature acknowledges that I understand and agree to the responsibilities of sponsoring an applicant. By serving as a sponsor, I will help the applicant in their path to become a CMC by providing coaching, support, and ensuring due diligence throughout the certification process. Emailed confirmation of a sponsor's agreement is acceptable in lieu of a signature here: membership@cmc-canada.ca

Name:		Name:	
Telephone:	Email:	Telephone:	Email:
Knowledge of the applicant: <input type="checkbox"/> Professional <input type="checkbox"/> Other <input type="checkbox"/> None	# Years	<input type="checkbox"/> Professional <input type="checkbox"/> Other <input type="checkbox"/> None	# Years
Signature:		Signature:	

EDUCATION BACKGROUND (include certificates & memberships, and submit transcript/proof of degree to membership@cmc-canada.ca)

I have an undergraduate degree or CA, CGA, CMA, or P.Eng. Yes No

Association/Institution	Designation/Degree	Start (mm/yy)	Finish (mm/yy)

PREFERRED STREAM FOR CONSIDERATION OF DESIGNATION

I believe I qualify to become a CMC through the following stream: Entry Experienced Executive MBA Professional and understand that I will be notified of the decision of the Atlantic Canada Institute Council regarding my stream.

*For information about the stream requirements go to cmc-canada.ca/cmc-designation/earn-the-cmc



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PRIVACY

Pursuant to PIPEDA (Personal Information and Electronic Documents Act), CMC-Canada collects the personal information contained in this form solely for administrative purposes related to this application and at no time discloses information to unauthorized parties. Your contact information will remain on a secure internal database. From time to time CMC-Canada offers a number of services to members, some of which require your explicit permission. If you do not wish your personal information used for the following purposes, please check the appropriate boxes:

- I do not wish to be contacted by my Provincial Institute with volunteer opportunities or receive information (including event notifications and e-Newsletters)
- I do not wish to have my contact information listed on cmc-canada.ca's member directory
- I do not wish to receive information from CMC-Canada service partners (i.e. information on discounted services)
- I do not wish to receive the weekly National e-Newsletter, cNotes

Please note, you may change this at any time by contacting CMC-Canada directly. Questions, concerns, or complaints regarding the collection of personal information should be directed to the Privacy Officer, CMC-Canada, 2004-401 Bay Street, Toronto, ON M5H 2Y4 or 416-860-1515.

DECLARATION

I, _____ hereby declare that I have been working as a management consultant since _____, and during that time I have devoted at least two-thirds of my working time solely to the professional practice of management consulting. I have read CMC-Canada's Code of Professional conduct (http://www.cmc-canada.ca/About_CMC_Canada/documents/CodeofConduct-1.pdf) understand it, and agree to abide by it. I have reviewed CMC-Canada's Privacy Policy and have marked the appropriate boxes to ensure CMC-Canada is aware of any concerns with privacy.

Signature:

Date:

MEMBERSHIP FEES, SCHEDULE AND PAYMENT

Membership fees are \$395 + HST per year (January 1 to December 31) and are pro-rated. HST# 102497997 RT

Month of Application	Fee	HST	Total
January	\$433.00	\$64.95	\$497.95
February	\$396.92	\$59.54	\$456.46
March	\$360.84	\$54.13	\$414.97
April	\$324.76	\$48.71	\$373.47
May	\$288.68	\$43.30	\$331.98
June	\$252.60	\$37.89	\$290.49
July	\$216.52	\$32.48	\$249.00
August	* \$613.44	\$92.02	\$705.46
September	* \$577.36	\$86.60	\$663.96
October	* \$541.28	\$81.19	\$622.47
November	* \$505.20	\$75.78	\$580.98
December	* \$469.12	\$70.37	\$539.49

*Includes membership extended to December 31 the following year.

Amount Payable:

- Credit Card Cheque (payable to CMC-Canada)

Expiry:

Card Number:

Signature:

Card Holder Name:

Date:

APPLICATION CHECKLIST

1. Personal information and declaration complete
2. Two sponsors confirmed
or Need suggestions for CMCs who might sponsor me
3. Included an up-to-date CV/Resume
4. Requested transcript and/or Proof of Degree
5. Membership fees

