



First Name:		Last Name		
Salutation: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr		Gender:	Date of Birth: (dd/mm/yyyy)	
Address:		City:	Province:	Postal Code:
Home Telephone:		Cell:	Email:	
School:		Program of Study:		
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		Expected Date of Graduation: (dd/mm/yyyy)		

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

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

CONSULTING & RELEVANT WORK EXPERIENCE (attach cv/resume with application)

Currently Employed as a Consultant: Yes No if yes

Employer & Location	Type	Position	Start (mm/yy)	Finish (mm/yy)

DECLARATION

I, _____ hereby request Membership status in CMC-Canada. I am a resident in Canada and currently enrolled in a full-time studies program at a recognized Canadian Institution (proof of enrollment attached). I have an interest in advancing the profession of management consulting in Canada. I have read the Association's Code of Professional Conduct (www.cmc-canada.ca/index.cfm?PID=12506) understand it, and agree to abide by it.

Signature:	Date:
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STUDENT MEMBERSHIP FEES, SCHEDULE AND PAYMENT

Membership fees are \$75 + \$9 HST = \$84 per year (January 1 to December 31). GST/HST# 102497997 RT
Method: Credit Card Cheque (payable to CMC-Canada)

Card Number:	Expiry:	Card Holder Name:
Signature:		Date:

Application checklist: 1. <input type="checkbox"/> Personal information complete 2. <input type="checkbox"/> Proof of student status enclosed 3. <input type="checkbox"/> Up-to-date CV/resume included 4. <input type="checkbox"/> Membership fees	Office use only
	Date application received:
	Date approved:
Membership #:	

