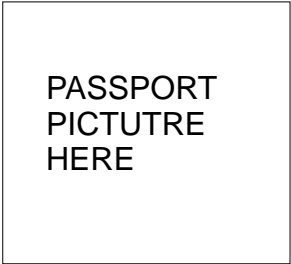




CHARTERED INSTITUTE OF IN MARKETING, GHANA
MEMBERSHIP APPLICATION FORM



SURNAME: ..... 2. OTHER NAMES.....
DATE OF BIRTH:.....
EMPLOYER'S ADDRESS:.....

CONTACT ADDRESS:.....
TEL:..... FAX: ..... E-MAIL.....

CURRENT POSITION:.....

EDUCATIONAL/PROFESSIONAL QUALIFICATION (PLEASE ATTACH CV'S
.....
.....
.....
.....
.....

WORKING EXPERIENCE:.....

9. MEMBERSHIP CATEGORY APPLIED FOR:.....

MEMBERSHIP OF OTHER PROFESSIONAL BODIES:.....

11. REFEREES: 1.
2.
3.

DATE RECEIVED:.....

DATE APPROVED.....

MEMBERSHIP:..... CERT. NO.....

CHAIRMAN MEMBERSHIP COMMITTEE..... DATE.....

AMOUNT PAID.....

6. DATE

RECEIPT NO.