

CIMS

The Chartered Institute of
Management Specialists



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APPLICATION FORM

PASTE ATTESTED
PHOTOGRAPH

NOTE: Please fill in **BLOCK** letters.

☐ SPECIALIST QUALIFICATION ☐ PRACTITIONER QUALIFICATION ☐ MEMBERSHIP (*Please tick as appropriate*)

TITLE: _____

Surname Name: _____

Other Name(s) _____

Company's Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Post Code: _____

Country: _____

Email Address _____

Phone Number: _____

How did you hear about us _____

Membership Grades	First Year Joining Fees	Annual Subscription	TICK Your Preferred Gade
Associate Member	USD 300	USD 50	
Chartered Member	USD 525	USD 70	
Chartered Fellow	USD 850	USD 100	
Chartered Doctoral Fellow	USD 1125	USD 125	

Courses	Please, Fill in the Course Title
Practitioner Qualifications	
Specialist Qualifications	

How Many Years of Management Practice?

CHECKLIST (Please tick all applicable boxes before proceeding)

- ☐ PLEASE, ATTACH YOUR CV
- ☐ UPLOAD YOUR CERTIFICATE(S)
- ☐ ATTACH A PASSPORT PHOTOGRAPH

PLEASE CONFIRM THE FOLLOWING BEFORE PROCEEDING WITH PAYMENT

- ☐ NO REFUND WILL BE GIVEN FOR A CERTIFICATE THAT HAS ALREADY BEEN ISSUED
- ☐ NO PAYMENT WILL BE REQUIRED UNLESS THE APPLICATION HAS BEEN APPROVED
- ☐ I CONFIRM THAT ALL DOCUMENT(S) SUBMITTED WITH THIS APPLICATION FORM ARE GENUINE
- ☐ WILLINGNESS TO PROVIDE A VERIFIABLE REFERENCE LETTER.

Applicant's Signature

Date:

FOR OFFICIAL USE ONLY:

NAME: _____

MEMBERSHIP COMMITTEE MEETING DATE _____

COUNCIL APPROVED DATE _____

CANDIDATE ACCEPTED _____

COPY OF RECEIPT LETTER SENT TO SECTION SECRETARY _____

ACKNOWLEDGMENT OF MEMBERSHIP APPLICATION _____

PROPOSED ELECTION TO _____

INVOICE LETTER SENT _____

RECEIPT LETTER SENT _____

Please scan the completed application form and email it to admin@charteredims.com. Thank you!

Chartered Institute of Management Specialists is chartered under the guidance of the distinguished Secretary of State, Michael G. Adams, in Kentucky, USA, under KRS Chapter 275, with the file number (1329709).
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