



INSTITUTE OF CERTIFIED MANAGEMENT CONSULTANTS

www.cmcphilippines.org

info@cmcphilippines.org

ICMC Professional Membership Application

PERSONAL DATA

Mr./Ms./Mrs./Miss/Dr. _____ Last/Family Name/Surname: _____

First/Given Name: _____ Middle Name: _____ Suffix: _____

Male

Female

Date of Birth (mm/dd/yyyy): _____

EDUCATION & PROFESSIONAL INFORMATION

BACHELOR'S DEGREE Year: _____

Course: _____

University: _____

MASTERAL **DOCTORAL** Year: _____

Course: _____

University: _____

OTHER _____ Year: _____

Course: _____

University: _____

License No.: _____ Year: _____

CONTACT INFORMATION

HOME MAILING ADDRESS

Home / Bldg. No., Street: _____

City: _____

Province: _____ Postal Code: _____

Phone Number: _____

Mobile Number: _____

Personal E-mail Address: _____

BUSINESS MAILING ADDRESS

Position: _____

Company Name: _____

Unit/Bldg. No., Street: _____

City: _____

Province: _____ Postal Code: _____

Phone Number: _____

Fax Number: (Country Code/Area Code/City Code) _____

E-mail Address: _____

PAYMENT OPTIONS

1. Direct deposit at any BDO branches:
Bank name: BDO Ortigas
Account name: Association of Executive Managers in the Philippines, Inc.
Account No.: 343-002-1574
2. Payment at ICMC office.

DATA PRIVACY

Upon signing this form you are agreeing that the personal data obtained from the registration form entered and stored within the Institute's authorized information and communications system and will only be accessed by the ICMC authorized personnel. Furthermore, the information collected and stored in this form shall only be used for the following purposes:

- Announcements / promotions of events, programs, courses and other activities offered / organized by the Institute and its partners;
- Activities pertaining to establishing relations with participants/members/alumni;
- ICMC Philippines has the right to share your information to our related affiliate companies, institutions, and or subsidiaries;
- ICMC Philippines shall not disclose the participants/members/alumni personal information without their consent and shall retain this information over a period of ten years for effective implementation, research analytics, and management.

FEES

Professional Membership

Php 2,500

ACCEPTANCE OF SUBSCRIPTION

I declare that all of the information contained in this application is true and correct and I agree to provide any supporting documentation requested by the Institute. If accepted, I agree to abide by the Institute of Certified Management Consultants' Code of Professional Conduct and Continuing Professional Education requirements. I understand that I must renew my subscription annually to enjoy the services provided by the Institute including eligibility privileges and retention of professional designation.

Signature _____

Date: _____

OFFICIAL USE ONLY:

INVOICE NO: _____ INVOICE DATE: _____

OR NO: _____ DATE PAID: _____

DCR NO: _____ VERIFIED: _____

APPLICATION RECEIVED ON: _____

[] COMPLETED REQUIRED DOCUMENTS

[] APPROVED MEMBERSHIP NO: _____

[] NOT APPROVED REASON: _____