



COLLEGE OF FELLOWS

APPLICATION FOR MEMBERSHIP

Name: _____
Title(s): _____
Organization: _____
Street Address: _____
City, Province/State _____
Postal Code: _____
Telephone, Fax _____
Email, Web site: _____
Professional Memberships: _____
Year Marketing Career Started: _____
Year MCInstM Awarded: _____
Post Secondary Education: _____
Position(s) Held as a Professional Marketer: _____

Contributions as a Professional Marketer: _____

- ◆ Provide three examples of exceptional professional marketing capability with this application form. (Relevant examples can be based on work you conducted or led for your organization or client, voluntary public service activities, awards and citations that have recognized your work and contribution to the advancement of professional marketing, and/or demonstrated mentoring and other educational activities that have assisted younger and advancing practitioners to enhance their strategic and tactical knowledge and skills. Specifics are mandatory).
- ◆ Provide three examples demonstrating participation in the advancement of professional marketing. (Show how you significantly contributed to further knowledge in marketing, or how you significantly contributed to the strengthening, leadership and advancement of CInstM and/or other organizations in the field of professional marketing recognized by the Canadian Institute of Marketing).
- ◆ Provide three letters of recommendation from fellow practitioners and two letters of recommendation from former or current employers or clients that outline their understanding of the quality of your work, your ethical standards, and your leadership capabilities.

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Submitting this application for membership in the Canadian Institute of Marketing College of Fellows, I declare the information and supporting materials are true and accurate. If I am elected to membership I agree to serve the College, if requested, by performing tasks intended to advance the state of professional marketing.

Signature of Candidate: _____

Signature of Nominator: _____
(Acknowledging awareness of the application by the candidate)

Date: _____

Please submit your application, duly filled and accompanied by the prescribed support documentation and a \$CAD50 fee to The Canadian Institute of Marketing, c/o the General Manager, Canadian Institute of Marketing/L'Institut Canadien du Marketing, 205 Miller Drive, Halton Hills (Georgetown), ON L7G 6G4 Canada.