

# Canadian Institute of Management Part Time Student Member Application Form

*A Part Time Student Member is a Student currently enrolled part time at a  
CIM recognized Post-Secondary Educational Institution.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

Program: \_\_\_\_\_ Concentration: \_\_\_\_\_

Business Courses taken at other post secondary institutions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach transcripts. Part Time Student Membership Fees: \$200.00 + HST =  
\$230.00 per year (Includes recognition of courses taken during that year and saves  
\$50.00 + HST = \$57.50 per course transfer fee).

I UNDERSTAND THAT UPON GRADUATION MY DESIGNATION IS VALID AS LONG AS MY  
MEMBERSHIP REMAINS CURRENT WITH THE CANADIAN INSTITUTE OF MANAGEMENT.

### PAYMENT INFORMATION

|                     |                                     |                                      |   |
|---------------------|-------------------------------------|--------------------------------------|---|
| Total Fee Paid: \$  |                                     |                                      |   |
| Payment Method:     | Cheque <input type="checkbox"/>     | Money Order <input type="checkbox"/> | Credit Card <input type="checkbox"/>      |
| Credit Card Number: |                                     | Expiry Date:                         |   |
| Card Type:          | MasterCard <input type="checkbox"/> | VISA <input type="checkbox"/>        | American Express <input type="checkbox"/> |
| Signature:          |                                     | Date:                                |   |

Please make check or money order payable to: "Canadian Institute of Management"  
Please send application with transcripts and membership fee to:

Maritime Chapter  
Canadian Institute of Management  
60 Kata Court  
Hammonds Plains, NS B3Z 1N8