

## New Membership / Membership Upgrade Application Form

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**THE INTERNATIONAL INSTITUTE OF MANAGEMENT**

# The International Institute of Management

## New Membership / Membership Upgrade Application Form

All sections must be completed. Type or print each section. A representative's name shall be filled in for Company Members.

- Notes:
1. You must provide details in items 16 to 30 if you apply for Associate, Member or Fellow Grade.
  2. Fill in all the others whenever applicable. Company applications must provide particulars of contact person in items 1. through 4.
  3. Use separate sheets if the space provided is insufficient. Copies of supporting documents must be submitted together with this application form.

Application for:  New Membership  UPGRADE

Grade:  FELLOW  MEMBER  ASSOCIATE  AFFILIATE  STUDENT  COMPANY

1. Title:(Prof/Dr/Ir/Mr/Mrs/Miss/Ms)\* Hon. Title(s):

2. Last Name:  3. Other Name:  4. Chinese Name(if applicable):

5. Age:  6. Male/Female:

7. Membership No.:  8. Membership Grade:  9. Year Awarded:

10. Home Address:

11. Email:

12. Home Telephone.:  13. Home Fax:  14. Mobile:

15. Indicate location to which IIM correspondence and publication should be sent:

	Home	Office
Mail	<input type="checkbox"/>	<input type="checkbox"/>
Fax	<input type="checkbox"/>	<input type="checkbox"/>

### Employment Details:

16. Employer Name:

17. Office Address:

18. Office Telephone:  19. Office Fax:  20. Current Position Starting Year:

21. Job Title:  22. Nature of Business:

23. Your Immediate Supervisor

a. Name:  b. Job Title:

24. Details of Job Duties:

Applicant shall clearly describe his/her duties and responsibilities in his/her organisation and submit an organisation chart to indicate his/her position within the organisation. If the engagement with the organisation is less than 2 years, the applicant shall submit the same details for the immediate past job as well.

25. Organisation Annual Sales/Turnover:  26. Total Number of Employees:

27. Personal Budget Responsibilities(turnover,values of asset controlled,etc):

28. Number of direct subordinates:

29. Immediate Past Job (not applicable to Student and Company Members):

a. Company Name:  b. Industry:  c. Job Title:

d. Service Period from:  to  e. Number of Direct Subordinates:  f. Number of Employees:

30. Qualifications Obtained:

Qualification Type	Title	Year	Institution
a. Post-graduate Degree:			
b. First Degree:			
c. Professional Qualifications(other than Management related ones):			
d. Management Qualifications:			
e. Other Qualifications(e.g. Certificate,Diploma):			
f. Qualification Currently under pursuit:			

(indicate anticipated date of completion)

31. References:

The first sponsor must be somebody who is familiar with you and should be able to support your application by actual knowledge of your responsibilities. if you are the head of your organisation, please name two business / professional associates

a. 1<sup>st</sup> Sponsor

Name:  Organisation:

Job Title:  IIM Membership No.(if applicable):

b. 2<sup>nd</sup> Sponsor

Name:  Organisation:

Job Title:  IIM Membership No.(if applicable):

c. I am the applicant's first sponsor and can understand that the statements made are correct.

Name:  Date:  Signature:

32. Membership Fee:

I would like to pay my initial membership fee plus application fee and the ongoing annual membership fee as it falls due in subsequent years through sending a crossed check payable to " The International Institute of Management Limited" with the payment reply slip to : Rm 1103,11/F, Shanghai Industrial Investment Bldg., 48-62 Hennessy Road, Wanchai, Hong Kong.

\* For Overseas applicants, please write to us at info@iim.org for payment methods.

**Any future increase in subscriptions will be notified in writing before your subscription falls due.**

I intend to develop my management and professional skills and commit myself to support the Institute and abide by its code of professional conduct in my day-to-day practice. I hereby apply for membership / upgrade in my present membership \*as per information provided above. I declare that the statements made above are correct and understand that membership could be rescinded if the information is found to be false or misleading. I consent to having my name and profession classified in the institute's publications. I further understand my membership shall cease and that I shall have no right in using any titles of the institute upon my failure to pay annual dues.

Signature:  Date:

Completed application form shall be sent to Secretariat: Rm 1103, 11/F, Shanghai Industrial Investment Bldg, 48-62 Hennessy Road, Wanchai, HK.

Membership Grade:	Date Received:
	Date Approved:
Membership No:	Approved Signature:
Received Items: <input type="checkbox"/> Payment(32) <input type="checkbox"/> Qualification Proof(30) <input type="checkbox"/> Job information(24)	