

ACADEMY OF PROFESSIONAL MANAGEMENT (INTERNATIONAL EXAMINATIONS)

MEMBERSHIP & CERTIFIED

INTERNATIONAL BUSINESS MANAGER APPLICATION

SURNAME		GIVEN NAME(S)	
HOME ADDRESS STREET			
CITY	PROVINCE	POSTAL CODE	
NAME OF EMPLOYER		POSITION	
BUSINESS ADDRESS STREET			
CITY	PROVINCE	POSTAL CODE	
PREFERRED ADDRESS HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/>			
HOME PHONE		BUSINESS PHONE	
FAX		CELL	
PREFERRED EMAIL			

Membership Types (Please Circle): Associate Member | Ordinary Member | Fellow Member | Gold Member
 Other: Certified International Business Manager (CIBM)

EDUCATION BACKGROUND

GRADUATE SCHOOL	YEAR GRADUATED DEGREE COLLEGE	DEGREE
COLLEGE OR UNIVERSITY	YEAR GRADUATED DEGREE COLLEGE	DEGREE/DIPLOMA
SECONDARY SCHOOL	YEAR GRADUATED DEGREE COLLEGE	GRADE COMPLETED
TECHNICAL/SPECIALIZED PROGRAM	YEAR GRADUATED DEGREE COLLEGE	CERTIFICATE
OTHER		
OTHER		

BUSINESS BACKGROUND

CURRENT EMPLOYER		PRESENT POSITION	
DUTIES AND MAJOR RESPONSIBILITIES			
SUPERVISOR	TITLE	TELEPHONE	
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
STARTING MANAGEMENT POSITION	START DATE	BUDGET	
NUMBER OF EMPLOYEES SUPERVISED			

PREVIOUS EMPLOYER		PREVIOUS POSITION	
DUTIES AND MAJOR RESPONSIBILITIES			
SUPERVISOR	TITLE	TELEPHONE	
MAY WE CONTACT YOUR PREVIOUS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
STARTING MANAGEMENT POSITION	START DATE	BUDGET	
NUMBER OF EMPLOYEES SUPERVISED			

OTHER POSITIONS (LIST MOST RECENT POSITION FIRST)

DATE	TITLE	EMPLOYER	TYPE OF BUSINESS	EMPLOYEES SUPERVISED	BUDGET

ACTIVITIES AND INTERESTS

PROFESSIONAL, SOCIAL, CIVIC ORGANISATIONS

REFERENCES - GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHO KNOW YOU THROUGH BUSINESS (COMPLETE IN FULL).

NAME		PROFESSIONAL TITLE
ORGANISATION NAME		TELEPHONE
ADDRESS		
CITY	PROVINCE	POSTAL CODE

NAME		PROFESSIONAL TITLE
ORGANISATION NAME		TELEPHONE
ADDRESS		
CITY	PROVINCE	POSTAL CODE

NAME		PROFESSIONAL TITLE
ORGANISATION NAME		TELEPHONE
ADDRESS		
CITY	PROVINCE	POSTAL CODE

APPLICANT: PLEASE CIRCLE THE NUMBER APPLICABLE TO YOUR QUALIFICATIONS

<p>REQUIREMENTS</p> <p>The Academy of Professional Management International Examinations offers the membership to anyone who fulfills the following criteria.</p> <ol style="list-style-type: none"> Associate Membership status is open to applicants who have obtained the APM International Diploma in Business and can give evidence of holding an executive position in business practice for more than 1 year. Applicants with other equivalent qualification and at least 3 years executive experience will be considered. Membership Fee: GDP£100.00 Ordinary Membership status is open to applicants who have obtained the APM International Advanced Diploma in Business and can give evidence of holding an executive position in business practice for at least 3 years. Applicants with other equivalent qualification and at least 5 years executive experience will be considered. Membership Fee: GDP£300 Fellow membership for members or non-members who have demonstrated a high level of achievement in business practice and possess an acceptable level of qualification equal to the APM's International Graduate Diploma in Business. Membership Fee: GDP£500 Gold Member is for persons who are at least 60 years of age, retired from full-time business activity and occupation and have been a member of the Institute for at least 10 years may apply for membership as Gold Members. Membership Fee: Nil CIBM requires 5 years managerial experience in an established organisation and successfully undertaking all three levels (Diploma, Advanced Diploma and Graduate Diploma) Remittance of the Appropriate Fee: GDP£500.00
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RELATED DATA: Please provide data on any experience gained which is considered necessary to establish eligibility. Examples are consulting, lecturing, voluntary offices held, management, technical or scientific papers printed or presented. Use additional paper (Section B) if necessary.

HOW DID YOU LEARN ABOUT APM?

- Membership Referral
- College/University Calendar
- Print Advertisement
- APM Website
- Human Resource Department
- Other (Specify)

NAME ON MEMBERSHIP CERTIFICATE (PLEASE PRINT IN BLOCK LETTERS)

I authorise the Academy of Professional Management International Examinations to confirm the data on this application form and if accepted as a Member and/or Certified International Business Manager (CIBM), I agree to commit to and abide the intent of the Code of Ethics and participate in APM functions. Examples are:

- Attend APM activities
- Service in an executive position or a committee member

Signature _____ Date _____

An application must be submitted in duplicate and accompanied by the processing fee of GDP£50.00 and membership fee and/or CIBM fee. The membership and/or CIBM fee will be refunded if an applicant should fail to admit as a Member or awarded as Certified International Business Manager of the Academy of Professional Management International Examinations. Membership

Section B: