

**CSP / CMP MEMBERSHIP APPLICATION**

**PERSONAL DATA**

Honorific  Last/Family Name/Surname  First/Given Name  Middle Name  Suffix

Gender  Male  Female  Prefer not to say  Date of Birth (mm/dd/yyyy)

**CONTACT INFORMATION**

**HOME MAILING ADDRESS**

Home / Bldg. No.,  Bldg. Name / Street / Road / Subdivision  Barangay  City

Province  Postal Code  Landline Number:  Mobile Number  Personal E-mail Address

**BUSINESS MAILING ADDRESS**

Position  Company Name

Unit / Bldg. No.,  Bldg. Name / Street / Road / Subdivision  Barangay  City

Province  Postal Code  Phone Number:  Fax Number  E-mail Address

**EDUCATION & PROFESSIONAL INFORMATION**

	SCHOOL	COURSE	YEAR
BACHELOR			
MASTERAL			
DOCTORAL			
OTHER			

**MEMBERSHIP TYPE**

- Certified Sales Professional (CSP)  
 Certified Marketing Professional (CMP)

**PAYMENT OPTIONS**

- Direct deposit at any BDO branches:  
 Bank name: BDO  
 Account name: Association of Executive Managers in the Philippines Inc.  
 Account No.: 00343-002-1574
- Pay online via Paymongo (Visa & Mastercard)
- Payment at SMI 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 SMI 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;
- SMI has the right to share your information to our related affiliate companies, institutions, and or subsidiaries;
- SMI 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.

**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 Sales and Marketing Institute International 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: \_\_\_\_\_