



SALES AND MARKETING INSTITUTE INTERNATIONAL

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CSP / CMP / CBM MEMBERSHIP APPLICATION

PERSONAL DATA

Honorific	Last/Family Name/Surname	First/Given Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Date of Birth (mm/dd/yyyy)			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQIA+	<input type="text"/>			

CONTACT INFORMATION

HOME MAILING ADDRESS

Home / Bldg. No.,	Bldg. Name / Street / Road / Subdivision	Barangay	City	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Province	Postal Code	Landline Number:	Mobile Number	Personal E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BUSINESS MAILING ADDRESS

Position	Company Name			
<input type="text"/>	<input type="text"/>			
Home / Bldg. No.,	Bldg. Name / Street / Road / Subdivision	Barangay	City	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Province	Postal Code	Phone Number:	Fax Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION & PROFESSIONAL INFORMATION

	SCHOOL	COURSE	YEAR
BACHELOR			
MASTERAL			
DOCTORAL			
OTHER			

MEMBERSHIP TYPE

- | | |
|---|---------|
| <input type="checkbox"/> CSP Membership | USD 150 |
| <input type="checkbox"/> CMP Membership | USD 150 |
| <input type="checkbox"/> CBM Membership | USD 150 |

CERTIFICATE NAME

Please enter your complete name exactly as you would like it printed on your certificate.

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 International has the right to share your information to our related affiliate companies, institutions, and or subsidiaries;
- SMI International 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’s 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: _____

<input type="checkbox"/> COMPLETED REQUIRED DOCUMENTS	MEMBERSHIP NO: _____
<input type="checkbox"/> APPROVED	REASON: _____
<input type="checkbox"/> NOT APPROVED	