



Application No: _____
 Area Code: _____
 Date _____

THE CAMBRIDGE ASSOCIATION OF MANAGERS

MEMBERSHIP FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Title: Gender

Surname or Family Name

Other names

Address

Post code Country

Daytime Telephone # Mobile Number

Email Address 1 Email address 2

Date of Birth Age

IMPORTANT – PLEASE READ CAREFULLY

CERTIFIED AWARDS

The following are the categories of certified memberships: (Please tick)

- | | |
|--|--|
| <input type="radio"/> Certified Corporate Strategist | <input type="radio"/> Certified Business Manager |
| <input type="radio"/> Certified Financial Manager | <input type="radio"/> Certified Safety Manager |
| <input type="radio"/> Certified Investment Manager | <input type="radio"/> Certified Industrial Manager |
| <input type="radio"/> Certified Building Manager | <input type="radio"/> Certified Administrative Manager |
| <input type="radio"/> Certified Sport Manager | <input type="radio"/> Certified Marketing Manager |
| <input type="radio"/> Certified Commercial Manager | <input type="radio"/> Certified Plantation Manager |
| <input type="radio"/> Certified Health Manager | <input type="radio"/> Certified Operation Manager |
| <input type="radio"/> Certified Retail Manager | <input type="radio"/> Certified Quality Manager |
| <input type="radio"/> Certified Technical Manager | <input type="radio"/> Others |
| <input type="radio"/> Others | |

GRADE:

- Member Associate Fellow Doctorate

For Membership fee kindly consult your local representative

All fees are non-refundable and payable to: CAMBRIDGE ASSOCIATION OF MANAGERS or to your local rep

I hereby make application for admission as a member on the basis of the particulars given on this form which I certify to be correct. I undertake, if admitted, to observe the regulations of the Association. I attached herewith a certified true copy of my credentials.

Signature _____ Date signed _____