

**MEMBERSHIP & ACCREDITATION PROGRAM
APPLICATION FORM**

CAMPAIGN ID: _____

PERSONAL INFORMATION

CHECK ONE <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	FIRST NAME	MIDDLE NAME OR INITIALS	LAST NAME	
HOME ADDRESS (NUMBER AND STREET NAME)		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		HOME E-MAIL		

EMPLOYMENT INFORMATION

CURRENT EMPLOYER		POSITION/TITLE		
EMPLOYER ADDRESS (NUMBER AND STREET NAME)		CITY	PROVINCE	POSTAL CODE
BUSINESS TELEPHONE		BUSINESS E-MAIL		BUSINESS FAX
PREFERRED MAILING ADDRESS <input type="checkbox"/> Home <input type="checkbox"/> Business	PREFERRED E-MAIL CONTACT <input type="checkbox"/> Home <input type="checkbox"/> Business		PREFERRED LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> French	

HOW DID YOU HEAR ABOUT PMAC?

Internet PMAC Member Advertisement (Specify): _____
 Employer University/College Other (Specify): _____

DEMOGRAPHIC INFORMATION

Education Completed	Years in SCM	No. of Employees	Department Size	Annual Personal Spend
<input type="checkbox"/> High School	<input type="checkbox"/> 0 – 4	<input type="checkbox"/> 1 – 24	<input type="checkbox"/> 0 – 4	<input type="checkbox"/> < \$100,000M
<input type="checkbox"/> College Diploma/Certificate	<input type="checkbox"/> 5 – 9	<input type="checkbox"/> 25 – 49	<input type="checkbox"/> 5 – 9	<input type="checkbox"/> \$100,000 – \$499,999M
<input type="checkbox"/> Undergraduate Degree	<input type="checkbox"/> 10 – 14	<input type="checkbox"/> 50 – 99	<input type="checkbox"/> 10 – 14	<input type="checkbox"/> \$500,000 – \$10.9M
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> 15 – 19	<input type="checkbox"/> 100 – 499	<input type="checkbox"/> 15 – 19	<input type="checkbox"/> \$11 – \$39.9M
<input type="checkbox"/> PhD	<input type="checkbox"/> 20 – 29	<input type="checkbox"/> 500 – 999	<input type="checkbox"/> 20 – 29	<input type="checkbox"/> \$40 – \$100M
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 30 – 39	<input type="checkbox"/> 1000 – 2999	<input type="checkbox"/> 30 – 49	<input type="checkbox"/> > \$100M
	<input type="checkbox"/> 40 – 49	<input type="checkbox"/> 3000 – 4999	<input type="checkbox"/> 50 – 99	
	<input type="checkbox"/> 50+	<input type="checkbox"/> 5000+	<input type="checkbox"/> 100+	

Industry

- Agriculture & Natural Resources
- Business/Professional Services
- Chemical & Pharmaceutical
- Construction
- Education
- Engineering
- Entertainment & Publishing
- Finance, Insurance & Real Estate
- Government & Public Sector Agencies
- Health & Social Services

- Hospitality & Recreation Services
- Information Technology
- Manufacturing
- Non-Profit Organizations
- SCM Consultant
- Storage & Transportation
- Telecommunications & Utilities
- Travel & Tourism
- Wholesale & Retail Trade
- Other: _____

Position

- Vice-President/Executive
- Director
- Manager/Supervisor
- Buyer
- Analyst
- Agent/Officer
- Co-ordinator/Assistant
- Principal
- Academic
- Student
- Other: _____

PRIVACY POLICY

PMAC values the privacy of our members. All information collected is done in accordance with Canadian privacy laws. Information gathered using this form will constitute your membership contact information and may be displayed in your PMAC Institute's online membership roster that is available only to Institute members and PMAC staff.

Check here if you do not wish your name and company information to be made available in PMAC's membership roster.

MEMBERSHIP & ACCREDITATION PROGRAM APPLICATION FORM

MEMBERSHIP CATEGORY

Please register me as a member in the following membership category:

- Regular Member Regular Member - Discounted Student Member Retired Member

MEMBERSHIP CATEGORY DESCRIPTION & FEES

Regular Member: \$235.00 plus HST

Anyone who currently holds the C.P.P. designation or anyone employed or interested in supply chain management but not enrolled in the Strategic Supply Chain Management Leadership Program.

Regular Member – Discounted: \$117.50 plus HST

Anyone who is enrolled in the Strategic Supply Chain Management Leadership Program (leading to C.P.P. accreditation) receives a 50% discount on their membership fee for the duration of the program. See program admission requirements below.

Student Member: \$32.00 plus HST

Anyone who is currently registered as a full-time student in an accredited post-secondary institution. Proof of registration (valid student ID, original grade reports or transcripts) must be included with your application.

Retired Member: \$52.50 plus HST

Anyone who has retired from employment but wishes to remain involved with the association.

ADMISSION REQUIREMENTS

One of the following is required for admission in the Strategic Supply Chain Management Leadership Program. Please check the appropriate one.

- Business Degree Business Diploma Prerequisite Business Management Courses (See Accreditation Handbook)

- Only full semester-length courses from an accredited community college, university or technical institute are accepted.
- Courses taken at trade or vocational schools or private colleges are not eligible.
- Applicants with foreign credentials must have non-Canadian academic qualifications evaluated and equated to Canadian qualifications in order to be considered. An original assessment letter must be included with your application.
- Original official transcripts must be submitted with this application in order to process promptly. Acceptance in the program will be confirmed upon verification of documents.
- A separate Module & Interactive Workshop Enrolment Form must be completed to register for the modules and interactive workshops.

PAYMENT

Membership Fee \$ _____
HST (13%) \$ _____
Total \$ _____

Payment made by: Cheque Money Order Purchase Order
(Payable to PMAC)

Please Charge My: VISA Master Card AMEX

Cardholder's Name: _____

Credit Card Number: _____

Expiry Date: _____

Membership is valid for one year from the date dues are received by PMAC. Dues are non-refundable.

Cardholder Signature: _____

DECLARATION

You must read and sign the declaration to obtain membership with PMAC.

I hereby apply for membership in the Purchasing Management Association of Canada and submit the above information for consideration. If accepted, I agree to abide by the Code of Ethics and Bylaws of the association. All submitted information is accurate. I understand the following: it is a breach of the association's Code of Ethics to provide false information; PMAC may release my membership information to certain partners/approved groups from time to time as required; I must pay annual dues to maintain my membership in PMAC.

Signature _____

Date _____

APPLICATION SUBMISSION

Application must include payment and supporting documents where required. Mail or fax to:

Member Development, Purchasing Management Association of Canada, 777 Bay Street, Suite 2701, P.O. Box 112,
Toronto, ON M5G 2C8 Toll Free: 1.888.799.0877 Tel: 416.977.7111 Fax: 416.977.8886 E-mail: info@pmac.ca