



SALES AND MARKETING INSTITUTE INTERNATIONAL PHILIPPINES  
Philippines: www.smiglobal.org • info@smiglobal.org

Attach passport  
size picture

## CSP / CMP MEMBERSHIP APPLICATION

### PERSONAL INFORMATION

New Application

Renewal

Mr./Ms./Mrs./Miss/Dr. \_\_\_\_\_ Last/Family Name/Surname: \_\_\_\_\_

First/Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

### EDUCATION & PROFESSIONAL INFORMATION

BACHELOR'S DEGREE Year: \_\_\_\_\_

Course: \_\_\_\_\_

University: \_\_\_\_\_

MASTERAL  DOCTORAL Year: \_\_\_\_\_

Course: \_\_\_\_\_

University: \_\_\_\_\_

OTHER Year: \_\_\_\_\_

Course: \_\_\_\_\_

University: \_\_\_\_\_

### CONTACT INFORMATION (Please indicate your contact preference)

#### HOME MAILING ADDRESS

Home / Bldg. No., Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

#### BUSINESS MAILING ADDRESS

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Unit/Bldg. No., Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: (Country code/Area code/City code) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### PAYMENT INFORMATION

CMP Certification Package Php 7,800

CSP Certification Package Php 4,800

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 AAPM 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 Philippines has the right to share your information to our related affiliate companies, institutions, and or subsidiaries;
- SMI Philippines 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.

### 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
- Payment at SMI office.

### DELIVERY OF CERTIFICATE

Please check your option:

Pick up at SMI Office. (With schedule arrangements of at least one day)

Via courier with additional fee of Php 300.

Preferred mailing address:  Home  Business

### 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 Philippines' 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: \_\_\_\_\_