IPM Association Member Renewal/Application

Institute of Professional Management

I am **Renewing** my Current Membership in the Association(s) checked below. Indicate IPM renewal invoice #_____ Total: \$_____

□ I would like to **become a Blended Member** of the Association checked below. I already have a current designation/membership. I have completed my next program and have enclosed the exam responses* in hard copy with a payment of \$50 plus GST/HST for the additional designation for the current term.

□ I am a current member of the Association checked below and would like to **update the information** you have on file. If you are simply updating your information, please fax or scan and e-mail this form and send it to IPM. Please treat this information as confidential and process it according to the guidelines and procedures of the current *Privacy Act*.



CPT Canadian Professional Trainers Association

Canadian Association of Assessment Specialists

CMPA Canadian Management Professionals Association

For any other details, contact IPM at 1-888-441-0000 or via email at info@workplace.ca.

SCAN/E-MAIL TO INFO@WORKPLACE.CA OR FAX TO 1-866-340-3586

| Name | | | Employer | | | | | | |
|----------------------------|--------------------|------|---------------------------|-----------------------------|-------------|-------------|--|--|--|
| Position | | | | | | | | | |
| Business/Work Information | | | | | | | | | |
| Address | | City | | Province | Postal Code | | | | |
| Telephone | Fax Email (MANDATO | | Email (MANDATORY F | RY FOR ACCESS) | | | | | |
| Residence/Home Information | | | | | | | | | |
| Address | City | | City | | Province | Postal Code | | | |
| Telephone | Fax | | | mail (MANDATORY FOR ACCESS) | | | | | |

Business and personal email addresses mandatory on this form for IPM office use only

***IMPORTANT NOTE:**

If you are sending an exam, please mail exam responses, application and payment using **ONLY CANADA POST REGULAR MAIL.**

We do **NOT** accept courier deliveries, Express Post, Priority Post or Registered/Certified mail, emailed or faxed exams. Exams are reviewed and memberships are processed within two weeks of receipt.

| PAYMENT OPTIONS | | | | | | | | |
|---|--|-----------|-----------------|--|--|--|--|--|
| OPTION 1 | | ASTERCARD | Date: | | | | | |
| Card # | | | Validation Code | Expiry Date (MM/YY) | | | | |
| | | | | | | | | |
| Card Holder's Name: _ | | | | | | | | |
| Signature: | | | | (not valid without an authorized signature) | | | | |
| OPTION 2 Ocompany cheque, bank draft or money order made payable to IPM enclosed. Personal cheques NOT accepted. Mail to: IPM – Institute of Professional Management 2210-1081 Ambleside Drive, Ottawa, ON K2B 8C8 | | | | | | | | |

Suite 2210 1081 Ambleside Dr., Ottawa, Ontario, K2B 8C8 Toll-Free: 1-888-441-0000 Fax: 1-866-340-3586 Email: info@workplace.ca

