

# CHARTERED INSTITUTE OF SUPPLY CHAIN MANAGEMENT

## STUDENT/ MEMBERSHIP ENTRY APPLICATION FORM

Please Tick Membership You Wish To Apply For

Student    Affiliate    Associate    Full Member    Fellow

Title (Mrs, Ms, Mr, etc) .....

Surname .....

Postal Address .....

.....

Suburb/Town ..... State ..... Postcode .....

Phone Business (.....)..... Home Phone (.....).....

Mobile: .....Email.....

Date of Birth ...../...../..... Place /Country of Birth .....

Present Occupation: Employer: .....

Position: .....

University/college/professional body: .....

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Title of qualification: .....

Date completed course ..... Graduation date.....

**Membership of other Professional Institutes: Other academic or professional qualifications**

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**Professional Experience**

*(This is not an alternative to the CV to be included with this application).*

**Please tick the following boxes and sign below as agreeing to the following statements**

- All of the information supplied can be verified with evidence if requested.
- I have been undertaking Continuing Professional Development (CPD) for the last two years and am prepared to provide evidence of this if requested.
- I am currently not engaged in nor have been involved in a dispute relating to my professional practice.
- I agree to be bound by the Institute Constitution; to observe CISC M's Governance procedures; to observe a high and honourable standard of professional conduct; to not conduct myself in a manner which is likely to bring the Institute into disrepute or to lessen the confidence of the public in the Institute or in the profession; to observe the CISC M Code of Professional Conduct; and agree to be bound by decisions of the CISC M Board of Governors in relation to professional conduct.
- I accept that the CISC M Board of Governors reserves the right to/not accept this application.

If any of the above cannot be ticked, please provide extra information.

Tick the boxes below to indicate that you have enclosed the following documents with the application.

- Application fee
- Evidence of qualifications
- Birth Certificate or Copy of Passport
- For Equivalence Applications:** Detailed Record of Experience in Supply Chain Management
- A detailed Curriculum Vitae including projects worked on and your involvement therein

Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referrer's Declaration: (Must a members of any Logistics and Supply Chain Management professional Institute)** I support this application on the basis that I endorse the statements made by the applicant as part of this application and that I can verify that the applicant is:

- Qualified and professionally experienced in accordance with CISC M requirements;
- Has a record of sound professional practice;
- Fully aware that, as an applicant for CISC M Registration, he/she is to be bound by the CISC M Constitution, Code of Conduct and related governance structures.

I accept that the CISC M Board of Governors reserves the right not to accept this application.

Name .....

Contact Phone .....Email.....

*Please forward your completed application form by email to [info@ciscmglobal.us](mailto:info@ciscmglobal.us) or to the nearest CISC M Global affiliate address.*