

## APPLICATION FORM FOR MEMBERSHIP TO CMC-GLOBAL INSTITUTE

Thank you for your interest in joining the global community of management consultants in CMC-Global Institute and pursuing the CMC (Certified Management Consultant) designation.

### Step 1: Apply for membership into CMC-GI

Complete this application form and submit it to [membership@cmcgi.org](mailto:membership@cmcgi.org) with all attachments.  
Upon receipt of application, you will receive an invoice for membership fees.

### Step 2: Remit annual membership fee to CMC-GI

Upon receipt of membership fee, your application will be reviewed and will be accepted or rejected.

### Step 3: Pursue CMC certification (note: CMC-GI membership is a pre-requisite to CMC certification)

If prior CMC certification is held, its validity will be confirmed.

If no prior CMC certification is held or valid, begin the CMC certification process.

### Prerequisites for Membership in CMC-GI:

- Management consulting experience: Submission of an accepted resume documenting education, work history and Management Consulting experience.
- Education: possessing a recognized degree or professional qualification, or five consecutive years in recognized management consulting in lieu of a degree.
- Demonstrated understanding of the management consulting profession: Please refer to the CMC-GI Occupational Competencies at [www.cmcgi.org](http://www.cmcgi.org).
- A commitment to not use the CMC designation until such time that you have received the designation.
- A commitment to ensure all professional activities follow [CMC-GI's Code of Professional Conduct](#).

**Applicants must also attach a current CV/Resume highlighting their Management Consulting experience.  
Application must be completed in full in order to be processed. Please print clearly.**

APPLICANT					
Preferred Salutation Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____		Date of Birth: MM/DD/YY / /		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname		Given Names			
E-mail address #1		E-mail address #2			
Social Media:					
LinkedIn:		Facebook:		Twitter:	
Company		Company Street Address			
City	Province/State	Code	Country		
Business Telephone		Web site:			
# of Management Consultants in your firm: 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11 - 25 <input type="checkbox"/> 26 - 50 <input type="checkbox"/> 51+ <input type="checkbox"/>				Years Working Here:	
Your Title		Your <u>specific duties</u> consistent with the independent role of a Management Consultant:			

Residence Address:				
City:	State:	Code	Country	Residence Telephone:

<b>Language Preference:</b>			
Please rate your language preference (1,2,3) among the following languages:	English:	Romanian:	Russian:

**FORMAL EDUCATION: DEGREE(S) CONFERRED**

University	Degree	Graduation date

**PROFESSIONALLY RECOGNIZED CERTIFICATIONS**

Association/Institute	Designation Earned	Completion Date

Name of Previous Employers	Nature of Business	From: Mo/Yr	To: Mo/Yr
1.			
<i>Role/Position: Please be specific in your role and duties.</i>			
2.			
<i>Role/Position: Please be specific in your role and duties.</i>			

**MANAGEMENT CONSULTING EXPERIENCE AS DEFINED BY CMC- GI**

*PLEASE NOTE: The practice of management consulting extends beyond the role of agent, representative, or advisor and entails working INDEPENDENTLY, OBJECTIVELY AND DIRECTLY WITH clients on DISTINCT PROJECTS to provide advanced diagnostic and analytical services in response to specific challenges. Services may across multiple functional areas and result in the development and implementation of strategies that support organizational change and growth. Such projects are distinct from the activities undertaken to support defined and ongoing employment duties, including support roles within an organization.*

How many years have you been active as a **FULL TIME** management consultant?  
 I am new to the occupation     1-2 years     3-5 years     6-10 years     11-15 years     >15 years

What is your understanding of the Management Consultant Profession?  
 Why you wish to join CMC-GI?  
 What are your primary areas of practice (specialties)?  
 What types of clients do you serve (sectors / industries)?

**(Most Recent) MANAGEMENT CONSULTING EXPERIENCE**

Name and Address of Client	Project Name:
1.	
<i>Role/Function Please be specific in outlining your individual consulting assignments, accountabilities, and deliverables.</i>	
Project Start Date: Mo/Yr	Project End Date: Mo/Yr      Total Project Hours:
Name and Address of Client	Project:
2.	

*Role/Function* Please be specific in outlining your individual consulting assignments, accountabilities, and deliverables.

Project Start Date: Mo/Yr

Project End Date: Mo/Yr

Total Project Hours:

Name and Address of Client  
3.

Project:

*Role/Function* Please be specific in outlining your individual consulting assignments, accountabilities, and deliverables.

Project Start Date: Mo/Yr

Project End Date: Mo/Yr

Total Project Hours:

#### DECLARATION

I, \_\_\_\_\_, hereby declare that:

I can demonstrate that I have been working as a management consultant since \_\_\_\_\_ consistent with the occupational competencies outlined for the profession and during that time I have devoted at least two-thirds of my working time solely to the professional practice of management consulting as defined by CMC- GI.

OR

I have no experience as a management consultant. It is, however, my goal to pursue a full time occupation as a management consultant as defined by CMC- GI.

I also declare that, as a member of CMC-GI, it is my intent to undertake all requirements to support my application in securing the CMC designation. I have read CMC-GI's Code of Professional conduct and understand it. I agree to abide by this code and confirm all commitments and statements outlined herein.

I will not use the CMC designation until such time that I have received that certification.

I acknowledge that all information provided herein is complete, accurate and can be verified through formal records.

Signed

Date

#### PRIVACY

I want to have my contact information listed on the searchable website database.

I do not want to receive information from third parties

Please note you may change this at any time via the member's section of the website or contacting CMC-Global Institute directly. Questions, concerns or complaints regarding the collection of personal information should be directed to the Privacy Officer, CMC-GI, [membership@cmcgi.org](mailto:membership@cmcgi.org)

Please send this completed form, together with required attachments to: [membership@cmcgi.org](mailto:membership@cmcgi.org) or postal mail to:

**CMC-Global Institute**

Secretariat: C/O Maurer & Stager AG

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