

INSTITUTE OF MARKETING IN MALAWI
[Governed by its Articles of Association]

APPLICATION FOR MEMBERSHIP

IMPORTANT INSTRUCTIONS

Before completing this application form, please read the following instructions very carefully.

- I. All sections must be completed in BLOCK LETTERS
- II. All payments for membership application fees should be made payable to:
 - Bank : National Bank of Malawi
 - Account Name : Institute Of Marketing in Malawi
 - Account Number : 1005541367
 - Service Centre : Top Mandala
- III. Once a deposit is made into the account, a scanned copy of the deposit slip should be emailed to membership@imm.mw / imm@imm.mw

MEMBERSHIP APPLICATION FORM

All information given in this form will be strictly confidential.

SECTION I: PERSONAL DETAILS

Surname :
Other Names :
DOB :

Email Address :
Contact Number :
Postal Address :

Current Employer :

Please provide your comprehensive curriculum vitae, copies of all your professional and academic certificates, and a minimum of two (2) references. Photocopies of all academic and professional qualifications and/or transcripts must bear English translations and must be certified.

SECTION II: TYPE OF MEMBERSHIP SOUGHT

Indicate below, with a tick, the type of membership you are applying for.

MEMBERSHIP CATEGORY	SUBSCRIPTION FEE	TICK
Student	K 30,000.00	
Full Member	K 200,000.00	
Fellow	K 240,000.00	
Affiliate Member	K 160,000.00	

SECTION III: FURTHER INFORMATION

Applicants are invited to submit, on a separate sheet, any further information they consider relevant to their application, or to expand on replies to questions herein. You may give a brief outline of your objectives in applying for membership in IMM. (Optional)

All Students must be those in Full Time Tertiary Education and must provide a Student Number.

SECTION IV: OBLIGATION

I agree to accept the decision of the IMM Registration Committee on grade of membership. If elected, I agree to abide by the rules and regulations set out in the Institute's Professional Code of Conduct. I further agree to remit the appropriate Annual Membership Subscription on demand.

DECLARATION

I hereby declare that the information contained in this application is correct, to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

IMM IS A PROFESSIONAL BODY THAT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, CREED, GENDER, ETHNIC ORIGIN OR HANDICAP.