



The Institute of Certified Professional Managers of Sri Lanka

No. 29/24, Visakha Lane, Colombo 04, Sri Lanka.

Tel. : 2590995 (Direct) | 2506391 (Ext 133) | 2507087 (Ext 118)

Email : directorcpm@cpmsrilanka.org

Web : www.cpmsrilanka.org

Membership No.

(For Office Use Only)

APPLICATION FOR MEMBERSHIP

CATEGORY OF MEMBERSHIP YOU APPLIED

ACPM

MCPM

FCPM

Paste
Passport size
Colour
Photograph

1 PERSONAL DETAILS

1.1 Title : Mr. Ms. Mrs. Dr.

Name with Initials :

Full Name :
(to be fill with block letters)

1.2 Address : Indicate the address which you wish your CPM correspondence to be sent

Residence Office

Residence Address	Office Address

1.3 Contact Details

	Residence	Office
Tel. No.	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>
Fax No.	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	

1.4 Date of Birth :

1.5 NIC No. :

2 ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Name of Institute	Qualification	Granted Year	Index No. / Certificate No.

(Please attach certified copies of result sheets/certificates)

3 CAREER DETAILS

Name of the Organization	Your Designation	Reporting to	Service Duration (No. of Years/Months)

4 PAYMENT DETAILS

The applicable rates for each membership category are as follows;

ACPM	- Rs.15,000/-
MCPM	- Rs.20,000/-
FCPM	- Rs.25,000/-

Method of Payment	Receipt No. / Cheque No.	Payment / Cheque Date	Amount (Rs.)
1. * People's Bank,.....Branch <input type="checkbox"/>			
2. * Sampath Bank,.....Branch <input type="checkbox"/>			
3. **Cheque <input type="checkbox"/>			
4. Cash at CPM Institute <input type="checkbox"/>			
5. Online Payment <input type="checkbox"/>			

* Payment by crediting the following CPM Accounts:

Sampath Bank (any branch) Acc. No. 101 161 001 034	People's Bank (any branch) Acc. No. 310 100 160 000 116
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(Name to be written in bank deposit slip for identification of the payee)

** If fees are paid by cheque, cheque should be drawn in favour of "Institute of Certified Professional Managers" and crossed "Account Payee Only".

5 DECLARATION

I declare that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I acknowledge that any statement contained herein which is known by me to be false may invalidate this application.

I undertake that, if admitted as a member, I will, so long as I remain a member of CPM, abide by the laws and all regulations made thereunder. I further undertake that I will use the designatory letters 'ACPM/MCPM/FCPM' as applicable only while I remain a member of CPM and, I am aware that failure to pay annual subscriptions, may lead to removal from the register of members. I am aware of the importance of professional values, ethics and behaviours and my obligation to CPM's code of ethics.

.....

Signature

.....

Date

CHECK LIST

Please use this check list to make sure that you have attached everything needed to process your application.

- Recently updated CV
- Certified copies of Academic / Professional Certificates
- Service Letters from present employer and/or previous employers
- Two Passport size colour photographs with name written on the reverse (use white background)
- Cash Pay-in- voucher / Payment Receipt / Cheque