

## Application for Membership/Enrolment into the SCMP Accreditation Program

Your information is used for the purpose of conducting SCMABC Membership, Operations and Governance activities as required for Membership, Accreditation, Institute and National staff and Executives of the association.

### PERSONAL INFORMATION (Mandatory)

Please check one:  Mr.  Miss  Ms.  Mrs. (Required for verification)  
 Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### COMPANY/EMPLOYMENT INFORMATION

Company Name: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Is this office the corporate head office?  Yes  No How did you hear about SCMA?  
 What is your preferred mailing address?  Home  Business E-mailing address?  Home  Business

### MEMBERSHIP (Note: Dues are not transferable or refundable)

I am applying for SCMABC Annual Membership in the following category subject to confirmation of eligibility:

Regular Member \$487.21 + GST Membership ID # (if already a member): \_\_\_\_\_  Full Time Student \$29.00 + GST  
 (FT Student ID required)

The SCMABC's Constitution & Bylaws are available online at [www.scma.com/bc](http://www.scma.com/bc) or can be requested from the SCMABC office

As a member of SCMA, I agree to follow the association's Code of Ethics, Constitution and Bylaws.

I agree to have my company and personal contact information published in the Membership Roster.  Yes  No

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACCREDITATION - SUPPLY CHAIN MANAGEMENT PROFESSIONAL DESIGNATION

I am already a SCMABC member or have just registered above and wish to apply for acceptance into the accreditation program. Therefore, I am required to pay the non-refundable Accreditation Program registration fee of \$250.00 + GST and submit documentation (i.e. original/verifiable transcripts, Degree/Diploma etc.) as evidence of having met the pre-requisite studies requirements for entrance to the SCMP accreditation program subject to review and acceptance by SCMABC prior to program admission. Refer to the Accreditation Candidate Application requirements. I understand that if accepted I am making a commitment to complete the program based on SCMABC prescribed course schedule.

#### Non-Accreditation Applicant (Fees as applicable)

SCMP Maintenance  Audit Only

Format:  In-Class  Correspondence

#### PAYMENT

Visa  MC

Dues: \_\_\_\_\_ Accreditation: \_\_\_\_\_ Issue separate cheques/money orders for membership dues and accreditation fees. OR

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Name on Card: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

(Note: Cardholder authorization is required)