



IPM Association Member Renewal/Application

Institute of Professional Management

Suite 2210
1081 Ambleside Dr.,
Ottawa, Ontario,
K2B 8C8
Toll-Free:
1-888-441-0000
Fax: 1-866-340-3586



- I am **Renewing** my Current Membership in the Association(s) checked below. Indicate IPM renewal invoice # _____ Total: \$ _____
- I would like to **become a Blended Member** of the Association checked below. I already have a current designation/membership. I have completed my next program and have enclosed the exam responses* in hard copy with a payment of \$50 plus GST/HST for the additional designation for the current term.
- I am a current member of the Association checked below and would like to **update the information** you have on file. If you are simply updating your information, please fax or scan and e-mail this form and send it to IPM. Please treat this information as confidential and process it according to the guidelines and procedures of the current *Privacy Act*.

- Association of Professional Recruiters of Canada
- Canadian Professional Trainers Association
- Canadian Association of Assessment Specialists
- Canadian Management Professionals Association

For any other details, contact IPM at 1-888-441-0000 or via email at info@workplace.ca.

SCAN/E-MAIL TO INFO@WORKPLACE.CA OR FAX TO 1-866-340-3586

Name	Employer
Position	

Business/Work Information			
Address	City	Province	Postal Code
Telephone	Fax	Email (MANDATORY FOR ACCESS)	

Residence/Home Information			
Address	City	Province	Postal Code
Telephone	Fax	Email (MANDATORY FOR ACCESS)	

Business and personal email addresses mandatory on this form for IPM office use only

*IMPORTANT NOTE:

If you are sending an exam, please mail exam responses, application and payment using **ONLY CANADA POST REGULAR MAIL**.

We do **NOT** accept courier deliveries, Express Post, Priority Post or Registered/Certified mail, emailed or faxed exams. Exams are reviewed and memberships are processed within two weeks of receipt.

PAYMENT OPTIONS

OPTION 1 VISA MASTERCARD Date: _____

Card # Validation Code Expiry Date (MMYY)

_____ _____ _____

Card Holder's Name: _____

Signature: _____ (not valid without an authorized signature)

OPTION 2 **Company cheque, bank draft or money order made payable to IPM enclosed. Personal cheques NOT accepted. Mail to:**
 IPM – Institute of Professional Management
 2210-1081 Ambleside Drive, Ottawa, ON K2B 8C8