



**Asia Pacific Marketing Federation**  
**CPM (Asia-Pacific) Qualifying Examination - Registration Form**

**CLOSING DATES: 15 DEC FOR MARCH AND 15 JUN FOR SEPTEMBER EXAMINATIONS**

Print or type your name as you wish it to be shown on official CPM records:

Miss  Ms.  Mrs.  Mr.  Dr. (Please tick boxes as appropriate)

Full Name: \_\_\_\_\_  
 (Please write clearly and underline surname)

National Identification No./Passport No.: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Nationality: \_\_\_\_\_ Race: \_\_\_\_\_

**MAILING INFORMATION** (Please write clearly and give full details)

Preferred Mailing Address  Company  Home

Company Name (As it appears on enclosed business card)

Company Address (**Do not use PO Box**)  
 Street \_\_\_\_\_

Suite/Floor \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address (**Do not use PO Box**)  
 Apt. No \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Area Code ( ) \_\_\_\_\_

**EDUCATION QUALIFICATIONS**

Please tick the highest qualification you have attained

'O' Level  'A' Level  Diploma  Degree  Others (please specify)

\_\_\_\_\_  
 \_\_\_\_\_

Please specify your other qualifications (academic and/or professional) including any professional/management courses attended (state the university/institution)

Beginning with your **current position**, list only **full-time**, paid employment

	Current Position	Prior Position #1	Prior Position #2	Prior Position # 3
Dates (Month and Year) From/To				
Job Title				
Description of Job				
Management Level (senior, middle or junior)				
Name of Firm				
Describe Main Business Activity of Firm				

\* If space is insufficient, please continue on a piece of paper.

1. I would like to register for the CPM (Asia-Pacific) Qualifying Exam for the period:

Mar \_\_\_\_\_ (fill in year)     Sep \_\_\_\_\_ (fill in year)

2. Subjects I wish to enter:

Marketing Research                       Marketing Communications                       Marketing Strategy  
 Asia Pacific Business                       Asia Pacific Marketing Management

3. In registering for Qualification of the Certified Professional Marketer, CPM (Asia-Pacific) status, I agree to all conditions as to eligibility, examination and other requirements of the CPM (Asia-Pacific) which APMF has adopted.

4. I agree that to be awarded the CPM (Asia-Pacific), in addition to passing the 5 examinations, I must meet the requirements for 5 years of marketing experience, high standards of professional and business conduct.

5. I have enclosed certificates of my academic qualifications and evidence of working experience.

6. I have enclosed payment of the following:

APMF registration fee (**US\$75**) \_\_\_\_\_  
 APMF examination fee at **US\$20** per subject x (\_\_\_\_\_) \_\_\_\_\_  
 Local registration fee \_\_\_\_\_  
 Local examination administration fee at \_\_\_\_\_ per subject for \_\_\_\_\_ subjects \_\_\_\_\_  
 Total Fees \$ \_\_\_\_\_

7. I certify that all the information and statements in this application are complete and true.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return Registration Form to your local marketing association:

**or to APMF Education Headquarters**  
**c/o MARKETING INSTITUTE OF SINGAPORE**  
**1 Pasir Panjang Road**  
**Singapore 118479**  
**Fax: 65 - 62705782**