

## BENEFITS OF MEMBERSHIP IN CCSMPA

*To provide the Sales & Marketing Professionals with Chinese origin an accredited center to upgrade their professional status, to voice for their benefits, to search for their professional career and to practice their skills and apply their previous experiences with esteem.*

1. **Government Relations** - a united voice. CCSMPA will present their members in the community for their best benefits by backing their credentials, endorsing their experiences and naturalizing their skills and knowledge into Canadian labor market.
2. **Social Involvement** - CCSMPA provides the members opportunity to practice their professional career in the industry, express ideas and utilize your professional skills, share common concerns and updated market information.
3. **Career Development** - The opportunity to have a low cost education for advanced career, to share the professional resources collected in CCSMPA and to have a direct access to hidden open positions through CCSMPA career mall.
4. **Management Improvement** - have a direct access to the coaching team of CCSMPA in case of any dilemma happened in daily activities of sales & marketing management. It will enhance the management skills and improve the managing performance by discussing the problem with the specialist of CCSMPA.

## THE BASIC REQUIREMENT TO BECOME A MEMBER OF CCSMPA

Anyone working for Canadian corporations with a Chinese origin shall have a right to apply for becoming a member of CCSMPA. The applicant shall be accepted as a formal member of CCSMPA by the council if he or she meets the following criteria:

- Have to be bilingual (English and Chinese, Cantonese or Mandarin).
- Have a certificate or diploma with major in sales & marketing.
- Have 3 years sales experiences.
- Have designation of other sales & marketing organizations.
- Pay the annual membership fee.

For those sales & marketing professional who do not meet all the above requirement, you can also apply for CCSMPA membership. The CCSMPA membership committee will study your case, reevaluate and inform you within 2 weeks after getting your application.

## MEMBERSHIP APPLICATION OF CCSMPA

**The candidate: means a resident in Canada with Chinese origin and meets the minimum requirements of the By-Laws of CCSMPA.**

**The undersigned hereby applies for the membership in Chinese Canadian Sales & Marketing Professional Association and, if accepted, agrees to abide by all the provisions of the By-Laws of the association. We agrees to pay annuals dues in accordance with the schedule approved by the Board of Director of CCSMPA.**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**SOCIAL SECURITY/INSURANCE NO.** \_\_\_\_\_

**EDUCATION**                      **NAME OF SCHOOL**                      **COURSE OF STUDY**                      **COMPLETED**

High School			[ ] NO [ ] YES, YR____
College or University			[ ] NO [ ] YES, YR____
Trade/Technical			[ ] NO [ ] YES, YR____
Others			[ ] NO [ ] YES, YR____

### EMPLOYMENT HISTORY

**PRESENT OR PREVIOUS EMPLOYER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**EMPLOYED FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**PAST EMPLOYER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**EMPLOYED FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**LEAVING SALARY** \_\_\_\_\_ **REASONS FOR LEAVING** \_\_\_\_\_

**MAY WE CONTACT YOUR PREVIOUS AND PRESENT EMPLOYERS?**                      [ ] YES                      [ ] NO

### MEMBERSHIP APPLICATION OF CCSMPA

#### REFERENCES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

Are there any other experiences, skills, or qualifications that you feel especially helpful for the members of CCSMPA? (Do not list any denoting age, ancestry, colour, background, creed, marital status, nationality, physical or mental disability, political opinion, race, religion, or sex.)

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**Certification:** My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and that I understand that intentionally falsifying information could result in refusal of employment or discharge. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character, and qualifications.

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

Thank you for applying the membership of CCSMPA!

#### OFFICE USE ONLY

Date:	Received:	Date:	Accepted:	Handed by:
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