

CGCM Code of Ethics

I acknowledge...

That I have an obligation to the in-house graphic communications industry;
therefore, I shall constantly strive to maintain and improve industry standards.

That I have an obligation to the public at large;
therefore, I shall actively cooperate with other in-house professionals to promote the understanding of the role of in-house operations in support of overall business functions, including copyright laws.

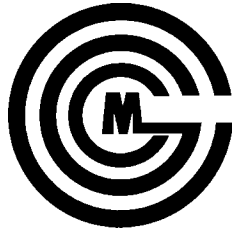
That I have an obligation to fellow Certified Graphic Communications Managers;
therefore, I shall be loyal to my fellow CGCM's and willingly share the lessons of my experience. Further, I shall not use knowledge of a confidential nature pertaining to the business of a fellow CGCM to advance my personal interest.

That I have an obligation to my suppliers;
therefore, I shall uphold the highest standards of business ethics, making only reasonable requests of them as I serve my customers.

That I have an obligation to my customers;
therefore, to affirm and retain their confidence, I shall adhere to a policy of truth in business interchange and shall promise only that which can be fulfilled.

That I have an obligation to my employers or employees whose trust I hold;
therefore, I shall endeavor to discharge this obligation to the best of my ability, to guard their interest and to give counsel wisely.

Accepting these obligations as a personal responsibility, I pledge observance and furtherance of the letter and the spirit of the Certified Graphic Communications Manager's Code of Ethics as set forth above.



Certified Graphic Communications Manager (CGCM)

Professional Certification Application

Personal Information

Name: _____

Title: _____

Company: _____

Company Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Email: _____ Web Site: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____

Date of Birth: _____ SSN: _____

Management Experience

Most recent five years. Attach additional sheet(s) if necessary.

1. Dates _____

Employer _____

Position _____

2. Dates _____

Employer _____

Position _____

3. Dates _____

Employer _____

Position _____

contact us



In-Plant Printing and Mailing Association

710 Regency Drive, Suite 6, Kearney, MO 64060

Phone: 816.902.4762

Fax: 816.902.4766

ipmainfo@ipma.org

www.ipma.org

Educational Background

1. Degree(s)/Credit Hours _____
Institution (name/location) _____
2. Relevant Seminars & Workshops (Give subject, sponsor, number of hours and years.) _____

Letters of Recommendation

(One of the three must be from your immediate supervisor.)

1. Supervisor's Name _____
Title _____
Company Name _____
2. Name _____
Title _____
Company Name _____
3. Name _____
Title _____
Company Name _____

Letters should be addressed as follows: Certification Committee, IPMA, 710 Regency Drive, Suite 6, Kearney, MO 64060.

Payment

Please enclose \$300 certification application fee for IPMA members. Nonmember application fee is \$600.

Payment must accompany this form.

All non-conference testing fees (use of facility, personnel, and computer) are the responsibility of the applicant.

My check is enclosed. Charge my: American Express MasterCard VISA

Account No. _____ Exp. date _____

Name (as appears on card) _____

Signature _____ Date _____

- I certify that I have read and understand the instructions contained in literature provided about the Professional Certification Program, and that the information I have provided is correct and has been entered according to the instructions.
- I further certify that I have read, understand and accept the CGCM Code of Ethics in the Professional Certification Program brochure provided by IPMA.
- I understand that any knowingly false statement herein or lack of compliance with the CGCM Code of Ethics is grounds for rejection of this application and for revocation of the Certified Graphics Communications Manager designation, if granted.
- I further understand that if, for any reason, the Certification Examination cannot be given as specified, liability of IPMA is limited to refund of the Certification Fee only.

Print or type your name as it should appear on the certificate:

Name _____

Signature _____ Date _____

Plaque should be sent for presentation to:

Name _____

Address _____

