

2015 Group Billing Plan

- A simplified group-invoice program for individual membership, for employees of an organization.
- Requires a minimum of 15 employees.
- Each individual within the plan must join PMI and a minimum of one chapter. Dues for each individual under the plan are based on the established PMI dues and the standard fees set for the selected chapters and/or communities.
- The new member application fee is waived for individuals joining PMI under the Group Billing Plan.
- Organizations can begin participating at any time throughout the year. Once the plan is initiated, individuals can join or renew at any time during the year.
- Renewal invoices will be sent to both the individual and the organization contact. Individuals, through communications with their employers, will determine whether the organization intends to pay for the renewals, or whether employees should renew individually.
- An organization contact must be identified to receive group renewal invoices and to serve as a liaison between the organization and PMI. Contact is responsible for submitting all paperwork and payment.
- Student memberships do not qualify for the group billing plan.



To Apply *To apply for the PMI Group Billing Plan, please complete and return the form on the following page and enclose one individual membership application for each new member along with payment. Photocopy the application as needed. Applications are not required for renewing members.*

Printed applications may be faxed or mailed, as per the instructions below:

1. Complete the application and provide information as requested on Parts 1 and 2. This information will assist us in serving you. If submitting a certification application at the same time, please be sure your first and last name are consistent on both applications.
2. Send the completed application, along with check or money order (made payable to PMI, in U.S. dollars drawn on a U.S. bank) to Project Management Institute, 14 Campus Boulevard, Newtown Square, Pennsylvania 19073-3299 USA. If paying by credit card, you may fax the application form (parts 1 & 2 for each applicant, along with the Group Billing form) to +1 610 819 0746.
3. After your application is processed, you will receive an e-mail confirmation. New Member Welcome Packages, including membership card, membership certificate, and payment receipt will be mailed to each member of your group.

For More Information about PMI's Group Billing Plan, please visit PMI.org.

2015 Group Billing Plan Form

Please type or print clearly

Organization Information

Date ____/____/2015

Company/Organization _____

Street Address (line 1) _____

Street Address (line 2) _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Organization Contact

Prefix (Mr., Mrs., Ms., Dr.) _____ First Name _____ MI _____ Last Name _____ Suffix _____

Job Title _____

Phone (WITH COUNTRY CODE, AREA CODE AND EXT.) _____

Fax (WITH COUNTRY CODE AND AREA CODE) _____

E-Mail Address _____

Group Billing Plan Number (if known) _____ By supplying the fax information above, you consent to being contacted by PMI at the fax number(s) provided.

List a minimum of 15 individuals below who will become members under your organization's group plan. Attach one completed Individual Membership Application for each new member submitted (make photocopies as needed). The 15 individuals may be all new members, all renewing members, or a combination of new and renewing members. Please send payment (Box C.) now for those individuals under your group plan who are new members or individuals whose membership will be up for renewal within 3 months from date of this application. For all other renewals, your organization and the renewing members will receive invoices upon their individual membership expiration dates.

A. New members enrolling under Group Billing Plan

Application Enclosed

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

B. Members renewing under Group Billing Plan

Must include Member Identification Number

1. _____ member # _____
2. _____ member # _____
3. _____ member # _____
4. _____ member # _____
5. _____ member # _____
6. _____ member # _____
7. _____ member # _____
8. _____ member # _____
9. _____ member # _____
10. _____ member # _____
11. _____ member # _____
12. _____ member # _____
13. _____ member # _____
14. _____ member # _____
15. _____ member # _____

C. Dues Information: One full year membership per individual. Membership dues for PMI and Components selected.

To participate each member must select at least one Chapter.

CANADIAN TAX INFORMATION: In accordance with Canadian tax law, taxes are collected on member dues and application fees relating to PMI and the following chapters: Canada's Technology Triangle (CTT), Lakeshore, Durham Highlands, New Brunswick, Levis, Manitoba, Montreal, Northern Alberta, Nova Scotia, Ottawa Valley, Regina/S Saskatchewan, Southern Alberta, South Western Ontario, and Southern Ontario. The rate of tax charged varies depending on the province address you use. Tax calculations by province are 15% for Nova Scotia, 13% for New Brunswick, Newfoundland/Labrador and Ontario; 12.88% for Quebec; 12% for British Columbia; 5% for all other provinces. If your employer is paying for your membership and has been granted tax-exempt status by the appropriate Canadian authorities, you will not be able to submit your application on-line. You will need to mail or fax your membership application along with a tax-exempt certification meeting the specifications of the Canadian government. GST/HST registration: **897944807RT0001** ☐ QST registration: **1202723001TQ001**

Method of Payment: Payment enclosed

We accept checks or money orders made payable to PMI in U.S. dollars drawn on a U.S. bank, bank transfers or the following credit cards:

VISA MasterCard American Express Diners Club Discover

Payment enclosed for _____ new members \$ _____.

Payment enclosed for _____ renewing members \$ _____.

Optional Overseas Air Mail \$ _____.

(outside North America ___ x \$60.00 per individual application)

Tax Calculation \$ _____.

Total Enclosed \$ _____.

Card Number _____ Expiration Date ____/____ Signature _____

PMI IS AN INDIVIDUAL MEMBERSHIP ORGANIZATION. ALL MEMBERSHIP FEES ARE NONREFUNDABLE, NONTRANSFERABLE AND SUBJECT TO CHANGE.

2015 Membership Application **PART 1**

By joining PMI, you agree to adhere to the Project Management Institute Code of Ethics and Professional Conduct. The Code can be viewed by visiting PMI.org.

Please type or print clearly. Date ____/____/2015 Group Billing Plan Number (if known) _____

Has this employee previously been a member of PMI?

No Yes... Year of last membership _____ If yes, what was the previous ID? _____

PREFIX (MR., MRS., MS., DR.) FIRST NAME (Maximum of 20 letters) MI LAST NAME (Maximum of 20 letters) SUFFIX

PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR MEMBERSHIP CERTIFICATE

JOB TITLE COMPANY/ORGANIZATION

Business Address

STREET ADDRESS (LINE 1)

STREET ADDRESS (LINE 1)

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Home Address

STREET ADDRESS (LINE 1)

STREET ADDRESS (LINE 1)

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Contact Information

PRIMARY E-MAIL SECONDARY E-MAIL

BUSINESS PHONE (WITH COUNTRY CODE, AREA CODE AND EXT.) FAX (WITH COUNTRY CODE AND AREA CODE)

HOME PHONE (WITH COUNTRY CODE AND AREA CODE) MOBILE PHONE (WITH COUNTRY CODE AND AREA CODE) TOLL-FREE PHONE

By supplying the fax information above, you consent to being contacted by PMI at the fax number provided.

What is your preferred mailing address?

Home Business

What is your preferred renewal billing address?

Home Business

I would like to:

- Receive promotional messages from PMI about PMI products, services, and events
- Be included in 3rd party postal mailing lists

To help us improve your membership experience, please provide the following information:

How many years have you been involved in project management?

- < 1 to 4
- 5 to 10
- 11 to 19
- 20 +

In what language(s) do you conduct business on a regular basis?

2015 Membership Application **PART 2**

Name _____

Group Billing Plan Number (if known) _____

What is your organization's primary business activity (industry)?

Construction

- (002) Commercial/Heavy Industrial
- (001) Residential
- (003) Other _____

Resources

- (023) Agriculture
- (027) Coal/Gas/Oil
- (025) Ferrous Mining
- (024) Forestry
- (026) Non-Ferrous Mining

Manufacturing

- (028) Automotive
- (029) Chemical
- (030) Concrete/Clay/Glass/Stone
- (031) Electrical/Electronic
- (032) Food
- (033) Machinery/Metals
- (034) Paper
- (035) Petroleum
- (040) Pharmaceutical
- (036) Plastics
- (037) Textiles/Fabrics
- (038) Wood
- (039) Other _____

Other Business Activities

- (045) Academia
- (004) Aerospace
- (005) Architecture/Design
- (006) Arts/Entertainment/Broadcasting
- (046) Automation Systems
- (007) Business Mgmt Svcs./Mgmt Consulting
- (053) City Management
- (008) Computers/Software/DP
- (044) Consulting
- (009) Defense
- (048) E-business
- (010) Economics/Finance
- (011) Education/Training
- (041) Engineering
- (012) Environmental/Waste/

Sewage

- (042) Financial Services
- (013) Health/Human/Social Services
- (043) Information Technology
- (051) International Development
- (014) Legal
- (015) Printing/Publishing
- (016) Public Administration/Government
- (017) Real Estate/Insurance
- (018) Recreation

- (050) Supply Chain
- (049) Systems Security
- (019) Telecommunications
- (020) Transportation
- (052) Urban Development
- (021) Utilities
- (047) Web Technology
- (022) Other _____

What category best describes your job function?

Engineering

- (157) Chemical
- (151) Civil
- (152) Electrical
- (153) Electronics
- (154) Environmental
- (155) Industrial
- (156) Mechanical
- (150) Other _____

Management

- (102) Communications
- (149) Configuration
- (104) Contract/Procurement
- (101) Corporate/Administrative
- (105) Cost
- (148) Critical Chain
- (147) Earned Value
- (108) Human Resources
- (109) Information/Computer
- (112) Materials
- (114) Project/Program
- (117) Quality
- (118) Records
- (120) Risk/Safety
- (121) Scope/Technical
- (122) Site/Facility
- (124) Time Mgmt/Scheduling/Planning

Other

- (103) Consulting
- (106) Distribution
- (107) Finance
- (127) Financial Services
- (110) Legal
- (111) Marketing/Business Development/Sales
- (113) Production
- (115) Project Accounting/Audit
- (116) Public Relations
- (119) Research/Product Development
- (056) Retail
- (128) Service & Outsourcing
- (123) Teaching/Training
- (146) Web Strategist/Technologist
- (125) Other _____

DUES INFORMATION: One full year membership

Amounts in U.S. dollars

Dues Calculation

Membership Dues	\$ <u>129.00</u>
Chapter/Community Fees	
PMI Chapter Name(s) _____	\$ _____.
If applicable, calculate Canadian tax (see information below)	\$ _____.
Optional Air Mail (outside North America) \$60.00	\$ _____.
Membership Application Fee (Waived for Group Billing)	\$ 10.00
Total Amount Enclosed	\$ _____.

METHOD OF PAYMENT:

Payment must accompany application. Purchase Orders are not accepted.

We accept checks or money orders made payable to PMI in U.S. dollars drawn on a U.S. bank, bank transfers or the following credit cards:

VISA MasterCard American Express Diners Club Discover

Card Number _____

Exp. Date _____ / _____

Signature _____

Do not send cash.

PMI is an individual membership organization. All membership fees are nonrefundable, nontransferable and subject to change.

CANADIAN TAX INFORMATION

In accordance with Canadian tax law, taxes are collected on member dues and application fees relating to PMI and the following chapters: Canada's Technology Triangle (CTT), Lakeshore, Durham Highlands, New Brunswick, Levis, Manitoba, Montreal, Northern Alberta, Nova Scotia, Ottawa Valley, Regina/Saskatchewan, Southern Alberta, South Western Ontario, and Southern Ontario. The rate of tax charged varies depending on the province address you use. Tax calculations by province are 15% for Nova Scotia, 13% for New Brunswick, Newfoundland/Labrador and Ontario; 14.975% for Quebec; and 5% for all other provinces. If your employer is paying for your membership and has been granted tax-exempt status by the appropriate Canadian authorities, you will not be able to submit your application on-line. You will need to mail or fax your membership application along with a tax-exempt certification meeting the specifications of the Canadian government.

GST/HST registration: 897944807RT0001 QST registration: 1202723001TQ0001

INDIAN TAX INFORMATION

India Permanent Account Number: AAHCP6606M

For a complete listing of PMI chapters and communities, please visit the [Get Involved tab](#) on PMI.org.

Return Completed Form with Payment to:

Project Management Institute, 14 Campus Boulevard
Newtown Square, Pennsylvania 19073-3299 USA

Or fax to: +1 610 819 0746