OMCP® Academic Membership: Checklist and Application Form

OMCP®
ONLINE MARKETING CERTIFIED PROFESSIONAL

1. Choose your Membership category:

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*My Institution is applying to become an:

____OMCP Academic Member with an enrollment of over 2000 students per year.

____OMCP Academic Member with an enrollment of under 2000 students per year.

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2. Understand the associated Membership fees and fee structure:

- ❏ Fee Structure: $1,000 per year for universities and colleges with an enrollment over 2,000 students per year (provides one voting seat per institution.)

3. Nominate an Academic Membership Appointee and Opt for Committee Participation

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*Nominate an Academic Membership Appointee:

- ❏ I assert that the following Academic Membership appointee has over two years of published work or an online track record of conveying (sharing, teaching, enabling) online marketing practices or brings significant knowledge to the table about program creation, administration, and certification.   Provide links here
  Name _____ Profile (LinkedIn or other) URL _____

If Committee Participation is desired, please provide the following requirements for Approval:

- ❏ I assert that our institution has demonstrated leadership in the the following online marketing domains and disciplines as evidenced on our website:
  - ❏ Domain/Discipline _____ URL _____
  - ❏ Domain/Discipline _____ URL _____
  - ❏ Domain/Discipline _____ URL _____

- ❏ I assert that the following committee appointees have over two years of published work or an online track record of conveying (sharing, teaching, enabling) online marketing practices.   Provide links here
  Name _____ Profile (LinkedIn or other) URL _____
  Name _____ Profile (LinkedIn or other) URL _____

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4. Complete the form and pay the associated fees for OMCP Academic Membership

Send a completed, signed copy of this completed form via email to info@omcp.org, or via postal mail to:

    OMCP
    548 Market St. #33329
    San Francisco, California 94104
    (415) 798-2667.

If approved as an **OMCP Academic Member**, OMCP will list your organization on its website with a link to a corresponding page on your website.

> ***Contact Information**
>
> Name of Company or Institution: _____
>
> Contact Person: _____
>
> Contact Phone: _____
>
> Contact Email: _____
>
> Contact Address: _____
>
> Institution Website: _____

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I assert all the above are true and authorize payment to OMCP for a total of US$ _____ by the method listed below.

*Payment

Credit Card:	Purchase Order
Card Type: Visa MasterCard AmEx	Order # _____ Attached
Card Number: _____	
Expiration Date _____	
Name on Card: _____	

*Signature

_____ Signature	_____ Title
_____ Date	
_____ Print Name	_____ Organization Name