



**COLOR MARKETING GROUP**  
THE PREMIER INTERNATIONAL ASSOCIATION FOR COLOR DESIGN PROFESSIONALS  
**PROFESSIONAL MEMBERSHIP APPLICATION**

(Former CMG members are not required to reapply – call 703.329.8500 to pay and reactivate your membership).

**STEP I—**  
**MEMBERSHIP TYPE and QUALIFICATIONS**

There are **four** categories of membership. Please indicate which type of membership you are applying for and check the appropriate box to confirm you meet the membership qualifications:

**1. [ ] INDIVIDUAL MEMBER (Annual Dues \$730. Individual Membership is NOT transferable and is owned by the applying Individual)**

- Must currently be involved in forecasting and/or the creation of colors for manufactured products, **OR**
- Must currently be involved in the application or the design, and/or involved with the marketing, technical or design aspects of product colors.

**2. [ ] COMPANY MEMBER** If you are applying for membership under CMG's Company Membership category then please indicate the Company name and Level of Membership. Details of CMG's Company Membership, together with levels and associated dues can be located on the CMG web site ([www.colormarketing.org](http://www.colormarketing.org)) or by calling 703.329.8500). Please complete only ONE Membership Application form, but use the Company Membership Representative Form at the back of this form to indicate the other nominated representatives. If your Company has an existing Company Membership and you wish to upgrade this to accommodate additional individuals, please contact [sgriffis@colormarketing.org](mailto:sgriffis@colormarketing.org).

Company representatives:

- Must currently be involved in forecasting and/or the creation of colors for manufactured products, **OR**
- Must currently be involved in the application or the design and/or involved with the marketing, technical or design aspects of product colors.

**Name of Company:** \_\_\_\_\_ **Level of Company Membership:** \_\_\_\_\_

**3. [ ] ACADEMIC (Annual Dues \$490.** ( Members applying for an Academic membership must provide appropriate proof of permanent academic employment, of full-time studying).

**To qualify as an Academic member, you must:**

- Be currently teaching design and/or color on a full-time basis at an accredited four-year college or university or three-year design college
- Be studying on a full-time basis at an accredited four-year college or university or three-year design college



**4. [ ] INTERNATIONAL REGIONAL MEMBER (Annual Dues \$400)** A level of membership within CMG that allows individuals to register for and participate in the International Regional Meetings held within Europe, Latin America or the Asia Pacific regions. Benefits of an International Regional Member differ from those of an individual, Company or Academic member. For full benefit details contact [sgriffis@colormarketing.org](mailto:sgriffis@colormarketing.org) or visit the CMG web site.

Please indicate the region that you wish to join:

ASIA PAC    EUROPEAN    LATIN AMERICAN

To qualify as an International Regional Member, you must:

- Must currently be involved in forecasting and/or the creation of colors for manufactured products, **OR**
- Must currently be involved in the application or the design and/or involved with the marketing, technical or design aspects of product colors.

## STEP 2— BACKGROUND INFORMATION

**ARE YOU A FORMER CMG MEMBER?**    YES (YEAR JOINED: \_\_\_\_\_)    NO  
(Former CMG members are not required to reapply – call 703.329.8500 to pay and reactivate your membership).

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**NAME** (MR./MRS./MS./MISS)

**ADDRESS**

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COMPANY NAME

TITLE

---

ADDRESS

---

CITY AND STATE/PROVINCE

ZIP/POSTAL CODE COUNTRY

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PHONE

FAX

EMAIL

**COLOR WORK EXPERIENCE** Please provide details of your current color design experience, highlighting your current job and your specific involvement with color design.

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CURRENT EMPLOYER

TITLE

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COLOR RESPONSIBILITY

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COLOR DESIGN WORK EXPERIENCE

## STEP 3— JOB FUNCTIONS AND RESPONSIBILITIES

WHAT IS YOUR PRIMARY PRODUCT OR SERVICE?

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WHAT ARE YOUR CURRENT RESPONSIBILITIES?



## MARKETS

What percent of your time is spent developing product(s) in the Consumer/Residential versus Contract/Commercial markets? (Consumer products are products which individuals buy for their personal use. Contract products are large-scale products for public spaces).

Consumer/Residential \_\_\_\_\_%      Contract/Commercial \_\_\_\_\_% (Must equal 100%)

**1. Consumer/Residential** Please circle **only one** category in which you are **most** involved:

- |                                 |                      |                             |                             |
|---------------------------------|----------------------|-----------------------------|-----------------------------|
| <b>A. Transportation</b>        | <b>C. Technology</b> | <b>E. Consumer Goods</b>    | <b>G. Fashion</b>           |
| <b>B. Visual Communications</b> | <b>D. Home</b>       | <b>F. Juvenile Products</b> | <b>H. Action/Recreation</b> |

## 2. Contract/Commercial

Please check **only one** category in which you are **most** involved:

- |  |  |
|--|--|
| <input type="checkbox"/> Health Care               | <input type="checkbox"/> Institutional/Public Spaces |
| <input type="checkbox"/> Hospitality/Entertainment | <input type="checkbox"/> All of the above            |
| <input type="checkbox"/> Office                    | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Retail Environment        |  |

## STEP 4—

Please answer the following questions:

HOW DID YOU HEAR ABOUT CMG?

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WHO WILL BE FINANCING YOUR MEMBERSHIP DUES?       CORPORATE     SELF- FINANCING

## STEP 5—

### PAYMENT INFORMATION

A check or credit card payment in the relevant amount must accompany your application. Your membership will expire twelve (12) months from the end of the month preceding the month in which you joined. For example if your membership is activated on 10.1.2016, then your membership will expire on 9.30.2017. Membership to CMG is not refundable, although Company Memberships may be transferred from one nominated representative to another. Individual membership is not transferable.

AMEX       MASTERCARD       VISA       CHECK (payable to CMG / U.S. funds drawn from a U.S. bank only)

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CREDIT CARD NUMBER

EXPIRATION DATE

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SIGNATURE (IF PAYING BY CREDIT CARD)

PRINT NAME AS IT APPEARS ON CARD

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BILLING ADDRESS 9Including City, State & Zip Code)



## STEP 6— AUTHORIZATION

I hereby certify that the information herein is true and correct to the best of my knowledge and authorize Color Marketing Group to make independent investigation of statements made on this application.

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SIGNATURE

DATE

## STEP 7— SUBMISSION

Each section of this application must be completed in full. Any omission will delay the processing of your application. Return completed application to CMG either by mail, or email together with your membership dues payment. All applications are reviewed by CMG's Board of Directors prior to approval. Please allow several days for your application to be processed. You will be notified upon approval or if more information is required.

By joining CMG you agree to receive regular updates on color forecasting events, meetings, and workshop. If you do not wish to receive these, then please check this box.

**Color Marketing Group**, 1908 Mount Vernon Avenue • Alexandria, VA 22301 USA  
TEL: 703.329.8500 • EMAIL: [sgriffis@colormarketing.org](mailto:sgriffis@colormarketing.org) • WEB: [www.colormarketing.org](http://www.colormarketing.org)



COLOR  
MARKETING  
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[www.colormarketing.org](http://www.colormarketing.org)

### COMPANY MEMBERSHIP – REPRESENTATIVE DETAILS

Please use this form if you are applying for a Company Membership. Please complete the Membership Application Form on behalf of the KEY Nominated Representative for your Company and then use this form for every other Representative.

Please use one form per Representative – Thank you.

Name of Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address (including zip/post code): \_\_\_\_\_

\_\_\_\_\_

Telephone and E-mail Address: \_\_\_\_\_

#### 1. Consumer/Residential - Please circle **only one** category in which you are **most** involved:

- Transportation
- Visual Communications
- Technology
- Home
- Consumer Goods
- Juvenile Products
- Fashion
- Action/Recreation
- Other: \_\_\_\_\_

#### 2. Contract/Commercial - Please check **only one** category in which you are **most** involved:

- Health Care
- Hospitality/Entertainment
- Office
- Retail Environment
- Institutional/Public Spaces
- All of the above
- Other: \_\_\_\_\_