



CHARTERED INSTITUTE OF PUBLIC MANAGEMENT OF NIGERIA

**DON'T
STAPLE
THE
FACE**

MEMBERSHIP APPLICATION FORM

(This form must be accompanied by an application fee of N5,000 payable by Cash or Bank Draft)

SECTION 1: GENERAL INFORMATION

Surname	First Name	Other Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Miss, Dr etc)	Date of Birth (Date/month/year)	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address		
<input type="text"/>		
Telephone Number(s)	E-mail address	Fax No
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: ACADEMIC & PROFESSIONAL QUALIFICATIONS

Name of Institute	Major Fields of Study	Degree Obtained	Year Obtained

In support your application, please submit a copy of your C.V and photo copies of your academic and professional qualifications, a passport size photograph and N5,000 Cash or Bank Draft.

SECTION 3: EMPLOYMENT RECORDS

		Years of service
1.	Names and address of employer	
	Title of your post & Nature of Work	
2.	Names and address of employer	
	Title of your post & Nature of Work	

SECTION 4: REFEREE

Please give the name of ONE. Your referee must be someone who has knowledge about your professional responsibilities and should not be related to you

Name of Referee

Address (including telephone, e-mail address and Signature)

Declaration

Have you been convicted for any criminal offence ? Yes / No

Have you been dismissed from any organization ? Yes / No

I declare that the information given is correct to the best of my knowledge, I agree to be bound by the rules abd regulations Chartered Institute of Public Management of Nigeria

Applicant's Signature and Date

For Official Use

Date received..... Registration Number.....

Payment Receipt No.....

Name & Signature of Officer

Officer Remarks :
.....
.....