

# MEMBERSHIP APPLICATION FORM



**Please, kindly complete this form and return to the Institute.**

## SECTION 1: GENERAL INFORMATION

First Name

Other Name

Surname

Title: Mr/Mrs/Miss/Dr/Prof. etc

Date of Birth: Date/Month/year

Nationality

State of origin

Company Name & Address

Address for Correspondence

Permanent Home Address

Telephone Number

Fax

E-mail Address

Job Title

Nature of Work/Business

## SECTION 2: ACADEMIC & PROFESSIONAL QUALIFICATIONS

Attach a copy of your CV and Photocopies of your academic and professional certificates with the application form

Academic Qualification starting with the most recent

Qualification obtained	Discipline	Date	Name of Institution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional Qualification starting with the most recent profession (e.g.) Law, Engineering, Medicine, Banking, Insurance, teaching, Architecture, consulting, professional qualification (eg): NIM, ANAN, ICAN, ACIB, CIS,

Qualification obtained	Discipline	Date	Name of Institution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 3: CATEGORY OF MEMBERSHIP YOU ARE APPLYING FOR. Tick as appropriate.**

* Corporate Member	<input type="checkbox"/>	* Full Member	<input type="checkbox"/>
* Fellow	<input type="checkbox"/>	* Associate member	<input type="checkbox"/>
	<input type="checkbox"/>	* Licentiate Member	<input type="checkbox"/>
* Research Fellow		* Student member	<input type="checkbox"/>

Amount and Details of Bank draft enclosed:

**SECTION 4: EMPLOYMENT HISTORY**

Position held	Main responsibilities	Date(from-to)	Name of organization
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 5: REFERENCES**

To be completed by people who have known you to some professional capacity, for at least three (3) years

	Referee (1)	Referee (2)	Referee (3)
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Organization and Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Nos.	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature/Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 6: DECLARATION**

I,  declare that the information given herein is correct to the best of my knowledge and I also agree to be bound by the rules and regulation of the institute of corporate governance, Nigerian as they now exist, and as they may hereafter be amended

**SECTION 7: SUBMISSION OF APPLICATION FORM.** All completed application should be submitted to:

The Registrar/CEO, Institute of Corporate Governance Nigeria, Corporate Governance House, Suite 35, Silla – Zeka Plaza, 29, Adebayo Adedeji Crescent, Off Ajose Adeogun Street, Utako Business District, P.O. Box 16082, Wuse Post Office, Abuja, Nigeria.

E-mail: [instofcorpovnig@yahoo.com](mailto:instofcorpovnig@yahoo.com), [instofcorpov@yahoo.com](mailto:instofcorpov@yahoo.com), [projectmasterplan@yahoo.com](mailto:projectmasterplan@yahoo.com)

Tel: +234 (0) 7061678871, +234 (0)7040399990, +234 (0) 98743609

**FOR OFFICE USE**

Date received	<input type="text"/>	Payment Receipt No	<input type="text"/>
Application Re paid	<input type="text"/>	Registration No	<input type="text"/>
Official Remark	<input type="text"/>		
Name & Signature of officer	<input type="text"/>		
Date	<input type="text"/>		