



INSTITUTE OF CREATIVE AND INNOVATIVE MANAGEMENT OF NIGERIA (ICIMN)

RC 1588785

(Approved by the Federal Ministry of Education and the Federal Ministry of Justice)

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APPLICATION FOR PROFESSIONAL MEMBERSHIP

Please complete this Application Form and submit along with your current CV, copies of supporting Qualifications/Certificates, a passport-sized photograph and an application fee of five thousand naira only (N5,000) payable to ICIMN UBA PLC. A/C NO: 1025505020

SECTION A: PROFESSIONAL MEMBERSHIP GRADE APPLYING FOR

I wish to apply for (please tick the box as appropriate)

Fellow

☐

Full Member/Member

☐

Associate Member

☐

SECTION B: PERSONAL DETAILS (Please use block capitals)

Title: Other (please state) _____

Name: _____
(Please write this exactly as you would like it to appear on your Professional Membership Certificate underlining your surname)

Date of Birth:

Nationality: _____ State of Origin: _____ LGA: _____

Business/Private Address: _____

Tel No: _____ WhatsApp No.: _____

Email Address: _____

SECTION C: EDUCATIONAL INSTITUTIONS/ACADEMIC QUALIFICATIONS

EDUCATIONAL INSTITUTIONS	QUALIFICATION	YEAR OBTAINED

SECTION D: PROFESSIONAL BODIES/PROFESSIONAL QUALIFICATIONS

PROFESSIONAL BODIES	MEMBERSHIP GRADE	YEAR OBTAINED

SECTION E: EMPLOYMENT/ENTREPRENEURIAL INFORMATION

Name of Current Organization/Company: _____

Position: _____
Year Attained: _____
Total Years of Work Experience (Both in current and previous Organizations): _____

SECTION F: DETAILS/DECLARATION OF REFEREE

(The Referee may be an ICIMN member, Lecturer, Director, Manager, Supervisor, Principal, Superior, Head of Department, or other responsible person who can substantiate your ability and confirm the particulars given on this form. Referees may be contacted by the Membership Committee).

I hereby agree to act as a Referee for the Applicant and declare that to the best of my knowledge and belief the information set out on this form is accurate and true.

Full Name of Referee: _____
Official/Business Address: _____

Position: _____
Tel No: _____ Email Address: _____

Signature: Date:

SECTION G: DECLARATION OF APPLICANT

I agree that irrespective of the professional membership grade for which I have applied, I will accept the grade of professional membership considered appropriate and awarded me by the Membership Committee of the Institute. Should I be inducted and a Membership Certificate be issued to me, I understand that it remains the property of ICIMN and that I must return it to the Institute upon cessation of membership. I agree to adhere to the Code of Conduct and Membership Regulations of ICIMN. I hereby, submit my application for membership and declare that all the information given on this form is accurate and true.

Signature: Date:

FOR OFFICE USE ONLY

Date Received: _____ Membership Grade Awarded: _____
Certificate/Membership No: _____
Name of Processing Officer: _____
Signature: Date: