



NIGERIAN INSTITUTE OF MANAGEMENT

(Chartered)

P. O. Box 2557, Lagos

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e-mail: membership@managementnigeria.org

This form must be accompanied by Application fee of N1,000 (cash or Cheque only)

APPLICATION FORM FOR STUDENT MEMBERSHIP

SURNAME _____ **OTHER NAMES** _____
(MR/ MRS/ MISS) _____ (Block Letters) _____ (Block Letters)

DATE OF BIRTH _____ **NATIONALITY** _____

NAME AND ADDRESS OF SCHOOL _____

INSTITUTION ATTENDED WITH DATES, AND ACADEMIC QUALIFICATIONS (*Please attach photocopies of relevant certificates Of JAMB, SSCE, OND, NCE from polytechnic and / or universities attended)

NAMES OF INSTITUTION	PERIOD OF ATTENDANCE	QUALIFICATION(S) OBTAINED WITH DATES, PHOTOCOPIES TO BE ENDORSED BY SPONSOR

PROFESSIONAL QUALIFICATIONS (Please give professional letters with dates of admission to the profession and attach photostat copies of certificates) _____

PHONE NUMBERS _____ **E-mail** _____

ADDRESS FOR CORRESPONDENCE _____

COURSE OF STUDY _____ (Block Letters)

REGISTRATION / MATRICULATION NUMBER _____

PERMANENT HOME ADDRESS (for correspondence after leaving school) _____

EXPECTED YEAR OF GRADUATION _____

DECLARATION

I decree that the statements made herein are correct to the best of my knowledge and belief, and agree to be governed by the Articles of Association and Bye-Laws or Regulations of the Nigerian Institute of Management as they now exist and as they may hereafter be enacted.

SIGNATURE OF APPLICANT _____ **DATE** _____

INTRODUCTION (To be completed only by applicant's Head of Department applicant's Head of Department)

Having known the applicant for Years, I propose and recommend him/her as a proper person to become a member of the Nigerian Institute of Management. I certified that he/she is a bonafide student of this Institution

NAME OF HEAD OF DEPARTMENT _____

ADDRESS _____

SIGNATURE & DATE