

INDIVIDUAL MEMBERSHIP APPLICATION



ACSI Nigeria

PLEASE NOTE: Individuals must complete this form in **BLACK INK AND CAPITAL LETTERS**. It is important that all information is current and complete. Please review it carefully before submitting.

DEMOGRAPHIC INFORMATION

1. Title: _____
2. Surname: _____
3. Other Names: _____
4. Sex (*Please tick appropriately*): Male Female
5. State of Origin: _____
6. Local Govt. Area: _____ Nationality: _____
5. Residential Address: _____

6. Correspondence Address (*if different from the above*): _____

7. Languages Spoken: English French Others *Please specify:* _____
8. Telephone Number: _____
9. Email: _____
10. Website: _____



EDUCATION AND CAREER

11. Academic Qualifications with dates (*please state clearly*):

Qualification	School	Year

12. Professional Membership

Professional Body	Grade of Membership	Date Elected

13. Job History (Start from Present Employment)

Name & Address of Organization	Designation	Date (From – To)

DECLARATION

I _____ solemnly declare that all above information is correct to the best of my knowledge and I promise to abide by the ethics governing ACSI Nigeria.

Signature & Date

PLEASE ATTACH:

- 2 Passport Photographs
- Photocopy of Receipt of payment

MEMBERSHIP FEE: POLARIS BANK, ACSI NIGERIA 1770069830

Return application to the ACSI office by mail or email:

No.19 Adeniji Estate (County Bus Stop) Ogba, Ikeja, Lagos State
Phone No: 07039700652, 08142312824, membership@acsinigeria.org, info@acsinigeria.org

FOR OFFICIAL USE ONLY

Name: _____
Registration No: _____
Date Registered: _____
Form Processed By: _____