



Chartered Institute of Administration

(Chartered by Federal Government Act No. 103 of 1992)

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APPLICATION FOR MEMBERSHIP

Office Use
Membership Number

(Please note that all the information requested below, to be treated as confidential by the Institute, must be correctly and fully supplied by you. Failure to do so will disqualify your application).

1.0 PERSONAL DETAILS

<p>1.1 <input type="text"/> Surname</p> <p>1.2 <input type="text"/> Other Names</p> <p>1.3 <input type="text"/> Male/Female</p> <p>1.4 <input type="text"/> Date of Birth</p> <p>1.5 <input type="text"/> Married/Single</p> <p>1.6 <input type="text"/> Title (Chief, Lolo, Dr. Etc)</p> <p>17 <input type="text"/> Nationality</p> <p>18 <input type="text"/> State of Origin</p> <p>19 <input type="text"/> Home Town Address <input type="text"/></p>	<p>1.10 <input type="text"/> Residential Address <input type="text"/></p> <p>1.11 <input type="text"/> Courier Delivery Address <input type="text"/></p> <p>1.12 <input type="text"/> Postal Address (PMB, or P. O. Box) <input type="text"/></p> <p>1.13 <input type="text"/> Telephone Number(s) <input type="text"/></p>
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2.0 BASIC EDUCATIONAL QUALIFICATION

2.1 Name of Examination: _____
(WASC/GCE/SSCE/NECO etc.)

2.2 Detailed Results:

Year	Subjects	Grade

Year	Subjects	Grade

3.0 HIGHER EDUCATIONAL QUALIFICATIONS

Name of Awarding Institution	Discipline	Qualification	Grade	Year Graduated

4.0 ACIA PROFESSIONAL EXAMINATION

<p>4.1 _____ <i>Student Registration Number</i></p> <p>4.2 _____ <i>Exemptions Granted</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>4.3 _____ <i>Month/Year of Completing Examination</i></p>	<p>4.4 _____ <i>Area of Specialisation (Corporate/Financial/Public Administration)</i></p> <p>4.5 _____ <i>Title of Research Project</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>4.6 _____ <i>Project Supervisor</i></p> <p>4.7 _____ <i>Study Centre</i></p>
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5.0 EMPLOYMENT

5.1 Past Employments:

Name/Address of Past Employer	Position Held	Date Employed	
		From	To

5.2 Present Employment

Name/Address of Present Employer	Position Held	Date Employed

6.0 SPONSORSHIP

(To be Completed and Signed by a Financial Member of the Institute).

I hereby recommend (name) _____
for election as a Member of Chartered Institute of Administration.

To the best of my knowledge and belief, the applicant is a fit and proper person for the membership of the Institute; and the information provided in this Form is correct.

6.1 _____
Name of Member

6.4 _____
Membership Number

6.2 _____
Business/Employer's Name

6.5 _____
Telephone Number

6.3 _____
Address

6.6 _____
Signature

6.7 _____
Date

7.0 DECLARATION

7.1.0 I declare that information given in this Form is correct.

7.2.0 I enclose:-

7.2.1 2 recent passport photographs of myself

I also enclose a photocopy of each of the following documents:

7.2.2 Receipt for Purchase of this Form

7.2.3 Birth Certificate/Affidavit

7.2.4 Basic Qualification Claimed in Section 2.0 of this Form

7.2.5 Higher Educational Qualifications claimed in Section 3.0 of this Form

7.2.6 Certificate of Student Registration

7.2.7 Letter of Exemption (if applicable)

7.2.8 Certificate of Grading Research Project

7.2.9 ACIA Final Professional Examination Certificate/Result

7.2.10 Certificate of Mandatory Workshop Attendance

7.2.11 Receipt - Research Project Fee

7.2.12 Receipt - Mandatory Workshop Fee

7.2.13 Receipt - Exemption Fee (if applicable)

7.2.14 Receipts - Student Annual Subscriptions

7.2.15 Receipt - Development Levy

7.2.16 Original letter issued by your employer confirming/attesting to your present employment. The Letter must state the date of employment, job title, brief job description, as well as recommending you for membership of the Institute.

(Please note that your application will not be processed if the above enclosures are not complete).

7.3.0 I undertake if elected and so long as I remain elected to observe and abide by the rules and regulations of the Institute. I also accept that once fees are paid, no refund will be made under any circumstance.

7.4.0 Finally, I pledge to be of exemplary conduct and to pay my annual subscription and other financial obligations to the Institute as and when due. I accept that my membership in the Institute shall automatically elapse if the Council of the Institute shall at any time without assigning any reason declare me as unfit to be a member of the Institute; or if I default in payment of annual subscriptions and other fees whether formally demanded or not.

Signature of Applicant

Date

8.0 MEMBERSHIP COMMITTEE'S RECOMMENDATION TO THE GOVERNING COUNCIL

Signature of Chairman, Membership Committee

Date

9.0 DECISION OF THE GOVERNING COUNCIL

Signature of Secretary to Council

Date