



Chartered Institute of Administration

National Secretariat: 78, Old Ojo Road, Kuje-Amuwo, Badagry Expressway,

P.M.B. 3063, Surulere, Lagos. Telephone: 09038411001, 08076983067

Website: www.cia.org.ng E-mail: info@cia.org.ng

KYMC FORM

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Name: _____

Membership number: _____ Membership grade: _____

Marital Status: _____

Present Address: _____

Permanent Home Address: _____

Mobile Tel. Number: _____

WhatsApp Tel. Number: _____

Email Address: _____

Date of Birth: _____

Gender: _____

Employer: (if self employed, please state business/company name and address): _____

What are your hobbies: _____

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