



Chartered Institute Of Administration

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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: _____

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

Position occupied in your place of work/business: _____

What are your hobbies: _____

Please provide your social media accounts: e.g. Facebook/Twitter/LinkedIn _____