



Chartered Institute of Administration

(A Professional and Examining Body Chartered by Act No. 103 of 1992 - Now Cap C7 LFN 2004)

78, Old Ojo Road, Kuje-Amuwo, Off Badagry Expressway, P.M.B. 3063, Surulere, Lagos.

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Office Use

Membership Number

APPLICATION FOR DIRECT MEMBERSHIP

(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

1.1 _____
Surname

1.10 _____
Residential Address

1.2 _____
Other Names

1.3 _____
Male/Female

1.11 _____
Courier Delivery Address

1.4 _____
Date of Birth

1.5 _____
Married/Single

1.6 _____
Title (Chief, Lolo, Dr. Etc)

1.12 _____
Postal Address (PMB, or P. O. Box)

17 _____
Nationality

18 _____
State of Origin

1.13 _____
Telephone Number(s)

19 _____
Home Town Address

1.14 _____
Email

2.0 HIGHER EDUCATIONAL QUALIFICATIONS

Name of Awarding Institution	Discipline	Qualification	Grade	Year Graduated

3.0 PAST AND PRESENT EMPLOYMENTS

Name of Employer	Position Held	Date Employed	
		From	To

4.0 DECLARATION

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

4.2. I enclose the following

- (a) a copy of each of the qualifications I claimed in Paragraph 2.0
- (b) a copy of my comprehensive C.V
- (c) Two current passport photographs of myself

4.3 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.

4.4 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

5.0 MEMBERSHIP COMMITTEE'S RECOMMENDATION TO THE GOVERNING

Signature of Chairman, Membership Committee

Date

5.0 DECISION OF THE GOVERNING COUNCIL

Signature of Secretary to Council

Date