



MEMBERSHIP APPLICATION FORM

Membership application form is ₦5,000 payable into Institute's UBA A/C: 1021672535

SURNAME		FIRST NAME(S)		OTHER NAME(S)		TITLE	
DATE OF BIRTH (dd/mm/yy)			NATIONALITY				
HOME ADDRESS							
COMPANY NAME & ADDRESS			ADDRESS OF CORRESPONDENCE				
TELEPHONE			E-MAIL ADDRESS				
JOB TITLE							

ACADEMIC QUALIFICATION

Please enclose a copy of certificate(s) and attach your up to date CV

NAME OF QUALIFICATION	YEAR OBTAINED		

PROFESSIONAL MEMBERSHIP QUALIFICATION

S/N	Name of the Professional Institute (if any)	Membership Grade	Year of Admission

ACCEPTANCE INTO MEMBERSHIP

Subject to meeting the membership requirements and paying the appropriate fees, an applicant will be accepted into membership. The member will be able to display letters after their name indicating that they are members of ICPSP and the grade of membership which they hold.

ICPSP Membership Grade

Affiliate Graduate (GCPSP) Associate (ACPSP) Fellow (FCPSP) Honorary Fellow (HFCPSP)

All members are required to participate in the Institute Continuing Professional Development programme. Members at all grades of membership are required to abide by the rules of the Institute and the Institutes Code of Conduct.

NOTE: ALL COMPLETED FORM SHOULD BE RETURNED WITH THE FOLLOWING DOCUMENTS

- (a) Two (2) recent passport photographs (b) Photocopy of certificates (c) Photocopy of receipt/deposit teller



REFEREES: Your Referees must not be related to you and must have knowledge about your professional responsibility			
NAME OF REFEREE		NAME OF REFEREE	
QUALIFICATION		QUALIFICATION	
ADDRESS		ADDRESS	
E-MAIL/TELEPHONE		E-MAIL/TELEPHONE	
I agree to act as a referee for the applicant and certify that, to the best of my knowledge and belief, the information contained on this form and all supporting documents attached hereto, as initialled by me, is correct.		I agree to act as a referee for the applicant and certify that, to the best of my knowledge and belief, the information contained on this form and all supporting documents attached hereto, as initialled by me, is correct.	
SIGNATURE		SIGNATURE	
DATE		DATE	

APPLICANT'S STATEMENT

- I certify that all statements and answers given on this form and any attachments thereto are to the best of my knowledge true in substance and are made in good faith.
- I hereby certify that the information provided in this application is complete and correct.
- I agree that the Institute may verify the details of my qualifications if necessary.
- I undertake to abide by all the status, by-law, rules and the instruction of the Institute and shall pay all fees and dues for the membership that I am applying for.

SIGNATURE OF APPLICANT		DATE	
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FOR OFFICE USE ONLY

Membership approval remarks:			
Membership payment verified:	Membership payment date:	Bank:	
Certificate & Membership No:		Certificate Dispatched date:	
Membership Grade & Number			
First Name:	<input type="text"/>	<input type="text"/>	
Middle Name:	<input type="text"/>	<input type="text"/>	
Last Name:	<input type="text"/>	<input type="text"/>	
Certified issued date: (dd/mm/yy)		Certified dispatch date: (dd/mm/yy)	
<input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/>	

For more Information

INSTITUTE OF CORPORATE & PUBLIC SECTOR PROFESSIONALS
1, Makanjuola Street, Off Balogun, Ifako-Ijaiye, Lagos State.

For more information, please contact:

MEMBERSHIP SERVICES & EVENTS
T: 07032702139, 09019297214, 08152489898
Email: membership@icpsp.org, Website: www.icpsp.org

EDUCATION, RESEARCH & POLICY CONTRIBUTIONS
T: 07032702139, 09019297214, 08152489898
Email: education@icpsp.org, Website: www.icpsp.org

FINANCE & SUBSCRIPTION
T: 07032702139, 09019297214, 08152489898
Email: icpspng@gmail.com, Website: www.icpsp.org