**MEMBERSHIP APPLICATION FORM**

**Membership application form is N5,000 payable into Institute’s UBA A/C: 1021672535**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  | | | | | | |

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| **ACADEMIC QUALIFICATION**  **Please enclose a copy of certificate(s) and attach your up to date CV** | | | |
| **NAME OF QUALIFICATION** | **YEAR OBTAINED** | | |
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**PROFESSIONAL MEMBERSHIP QUALIFICATION**

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

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| **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** |  |

**FOR OFFICE USE ONLY**

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| **Membership approval remarks:**  **………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………...**  **Membership payment verified: Membership payment date: Bank:**  **Certificate & Membership No**: ………………………………………………… Certificate Dispatched date:………………………………. |
| Membership Grade & Number   |  | | --- | | **First Name:** | | **Middle Name:**  Certified issued date:  (dd/mm/yy)  Certified dispatch date:  (dd/mm/yy) | | **Last Name:** |   /  / |

**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](mailto:membership@icpsp.org), Website: [www.icpsp.org](http://www.icpsp.org)

**EDUCATION, RESEARCH & POLICY CONTRIBUTIONS**

T: 07032702139, 09019297214, 08152489898

Email: [education@icpsp.org](mailto:education@icpsp.org), Website: [www.icpsp.org](http://www.icpsp.org)

**Finance & Subscription**

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