



INSTITUTE OF CORPORATE & INTERIM MANAGERS

(Established by Decree No. 1 of 1990 & Approved by the Federal Ministry of Education)

Plot 20, Adegbose Estate Phase 2, Batoms Oil & Gas Building, Near VON, Olu-Odo Road, Ikorodu, Lagos.

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Membership Application Form

PLEASE CLICK GREY AREA, KEY IN INFORMATION, PRINT AND SIGN.
ALTERNATIVELY, PRINT OFF THE FORM, WRITE IN BLOCK CAPITALS AND SIGN.

SURNAME		FIRST NAME(S)		TITLE	
DATE OF BIRTH (dd/mm/yy)		ARE YOU CURRENTLY A MEMBER OF THE ICIM? (YES / NO)			
		IF YES, PLEASE PROVIDE YOUR MEMBERSHIP NUMBER			
HOME ADDRESS					
P.O.BOX			HOME TELEPHONE		
COUNTRY			PERSONAL MOBILE		
Select preferred correspondence details: HOME <input type="checkbox"/> WORK <input type="checkbox"/>			HOME E-MAIL		

EMPLOYER'S NAME AND ADDRESS					
	WORK MOBILE				
P.O.BOX			WORK TELEPHONE		
COUNTRY			WORK E-MAIL		

ACADEMIC QUALIFICATIONS	
Please enclose a copy of your certificate(s). Please attached 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 in to membership. The member will be able to display letters after their name indicating that they are members of ICIM and the grade of membership which they hold.

S/N	Membership Grade	Designation	Tick Appropriate box
1	Graduate	GradCIM	
2	Associate	ACIM	
3	Fellow	FCIM	
4	Honorary Fellow	HFCIM	



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

Bank details:

All payment to be made to Institute of Corporate & Interim Managers with the following account details:

 Account No. 1013817755	 United Bank for Africa Account No. 1021672535
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REFEREES: Referees must be suitably qualified senior individuals, who have knowledge of the applicant’s professional involvement in Corporate or Interim Management. By signing below, initialling sections on this form and copies of certificates, referees are indicating that the information provided is correct and they should ensure that they see all relevant supporting documents. Where separate continuation sheets are used, all such sheets must also be initialled.

NAME OF REFEREE		NAME OF REFEREE	
QUALIFICATIONS		QUALIFICATIONS	
ADDRESS		ADDRESS	
E-MAIL		E-MAIL	
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	

