



CHARTERED INSTITUTE

OF HUMAN CAPITAL DEVELOPMENT OF NIGERIA

Membership Application Form

Please read through carefully before filling out the form

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PART 1: General Information

Surname		First Name		Other Names	
Title, (Mr, Mrs, Miss, Dr etc)		Date of Birth	Nationality		State of Origin
Organization Name & Address			Address for Correspondence		
Telephone Number(s)			Email Address		
Job Title		Nature of Work			

PART 2: Academic & Professional Qualifications

Names of Institution	Certificate/Degree Obtained (indicate discipline)	Year

Profession (e.g) Accounting, Architecture, Engineering, Insurance, Law, Medicine,(etc)

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Professional Qualifications (e.g: NBA, CNA,ACA, NIM,AIPM,CITN,PSN, etc)

Name of Institutions/ Examining Body	Qualifications Obtained	Year

Please submit a copy of your CV along with photo copies of your Academic and Professional certificates (including NYSC discharge/ exemption).

PART 3 : Employment History

List the last three (3) Positions you held in your employment, starting with the current

(i)	Name of Organisation	Position held (Job Title)	Date(from-to)
(ii)	Name of Organisation	Position held	Date(From-to)
(iii)	Name of Organisation	Position held	Date(From-to)

PART 4: Referee

Your referee must be a full member of the Institute or Your Head of Department/Employer

Name of Referee	Class of Membership (If a Member of the Institute)	Membership Number
Address (including Telephone and e-mail address)		Position Held (If HOD/Employer)
Signature-----/Date-----		

I, do hereby recommend the above applicant for membership of the Chartered Institute of Human Capital Development of Nigeria and certify that to the best of my knowledge the experience and character of the applicant are such that I consider him/her fit for admission into membership of the Institute.

PART 5: Applicant Declaration

I declare that the information given above is to the best of my knowledge and belief correct. I undertake to be bound by the Institute's rules and regulations in force at the time of my admission or which may be from time to time, be issued.

Full Name of Applicant	Signature and Date

Complete and return to:

The Registrar/Chief Executive,
 Chartered Institute of Human Capital Development of Nigeria.
 13, Church Street, P.O. Box, 7985, Anglo-Jos, Jos, Plateau State. Phone: +234(0)8166222913, +234(0)8055006444
 Website:www.cihcdn.org, emails: membership@cihcdn.org or cihcdng@gmail.com

(This form must be accompanied by an application fee of **N7, 500**

Payable to Institute Account No **2020422376** with First Bank Nigeria LTD)

4274273019. First City Monument Bank (FCMB)

For Official Use Only:

Application Form Receipt Number	Date of Receipt
Other fees Paid:	Date of Receipt:
Class of Membership Granted:	Membership Number:
Signature of Approving Officer:	Date: