

Summarize your experience and functional responsibilities within the past five years. State the number of supervisors you were directly responsible to or number of employees directly responsible to you at any given time and their grades if you were responsible to them e.g Minister, Permanent Secretary, General Manager, Consultant, Director, Editor, Executive Officer etc. (use an additional sheet or paper if necessary).

DECLARATION

I declare that the information given herein are correct to the best of my knowledge and belief, and if I am discovered to have given wrong information, I accept whatever action the institute may decide to take against me. I hereby agree to be governed by the Articles of Association and all Bye-Laws and regulations of the CHARTERED INSTITUTE OF CERTIFIED SECRETARIES AND REPORTERS as now exist or as may hereafter be enacted. I promise to abide by the Code of Conduct and to maintain the discipline of my profession. I agree that the decision of the INSTITUTE will be final and unquestionable.

SIGNATURE OF APPLICANT: ----- DATE: -----

RECOMMENDATION (To be completed by a graded member of the INSTITUTE or Senior Executive in your Organization, preferably the Head of Department or Overall Boss of the Organization or School)

Having known the applicant for () year(s), I have no doubt in recommending him/her as a proper person to be become a Registered Student Member or professional graded Member of the CHARTERED INSTITUTE OF CERTIFIED SECRETARIES AND REPORTERS.

Signature: ----- Date: -----

NAME AND POSITION IN ORGANISATION: -----

Official Address/Stamp: -----

Note: (Applications will be considered on payment of Application/Registration fee of **N5,500.00 (Five thousand Five hundred Naira only)**)

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| (FOR OFFICE USE ONLY) | |
| Received By: í í í í í í í í í í í í í | Date í í í Enclosure found: í í í í í í í .. |
| <u>Membership Panel Assessment Centre</u> | |
| Academic Background ----- | Work Experience: ----- |
| Compliance: ----- | Grade/Class: ----- |
| Examination to be taken: ----- | Training Needs: ----- |
| Initialed: ----- | Date: ----- |

UP-GRADING

| S/N | EXAMINATION PASSED/NEW GRADE ACQUIRED | QUALIFICATIONS/TITLES IN EDUCATION AND PROFESSION | EFFECTIVE DATE | SUBSCRIPTION | |
|-----|---------------------------------------|---|----------------|--------------------|--------|
| | | | | Membership fee p.a | Levies |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

NOTES: *Membership subscriptions are due for payment on the 1st Day of January every year and non-payment of annual membership subscription or levy will result in immediate cessation of membership and rights after the second demand for payment must have been made by the Institute to the defaulter or after the first three months when payment should have been effected.*