

## **CHARTERED INSTITUTE OF CERTIFIED SECRETARIES & REPORTERS**

Two Passport

with this form

photographs to be submitted

6, Ladipo Adeyemi Street, Anthony Village, Lagos P.M.B 038 Shomolu, Lagos, Nigeria

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Email: <u>icsr204@yahoo.com</u>, <u>icsrtransicttee@yahoo.com</u> Motto: Confidence & Reliability in Service to Humanity

## **MEMBERSHIP APPLICATION FORM**

SURNAME: õ õ õ õ õ õ õ	ÕÕÕÕÕÕ OTHER NAME	ES: õ õ õ	$\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$	õõõõõõõõ	õõ				
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Date of Birth: õ õ õ õ õ õ õ	õ õ . Nationality: õ õ õ õ	õ õ õ õ	õ State of origi	in: õ õ õ õ					
ACADEMIC BACKGROUND and curriculum Vitae) Schools,				es of relevant ce	ertificates				
NAME OF INSITUTIONS	PERIOD OF ATTENDANCE FROM: TO:		EXAMINATIONS F QUALIFICATION(S		AWARD DATE				
PROFESSIONAL QUALIFICATIONS (Please state professional letters with dates of admission to the profession and attach Photocopies of curriculum vitae and certificate)									
PROFESSIONAL TRAINING	G/EXAMINATIONS REQUI	IRED							
	Please tick as	appropri	iate						
General Management/Administration     Verbatim/Official Reportorial Practice			3. Office Management/Secretarial Administration e.a Corporate & Private Secretarial Practice						
NAME AND ADDRESS OF PRESE	NT EMPLOYER:								
NATURE OF BUSINESS:									
NATURE OF JOB PERFORMED:									
PRESENT POSITION: Job Title or Designation: Date of Appointment:									
EXPERIENCE (Number of Years): -									
PREVIOUS POSITION HELD: (Use									
Name of Employer	Position held	Duties performed Period			iod				

Note:

were directly responsible to or number of employees d	ties within the past five years. State the number of supervisors you directly responsible to you at any given time and their grades if you ecretary, General Manager, Consultant, Director, Editor, Executive ry).
given wrong information, I accept whatever action the governed by the Articles of Association and all Bye-Lav SECRETARIES AND REPORTERS as now exist or a	the best of my knowledge and belief, and if I am discovered to have e institute may decide to take against me. I hereby agree to be ws and regulations of the CHARTERED INSTITUTE OF CERTIFIED as may hereafter be enacted. I promise to abide by the Code of ion. I agree that the decision of the INSTITUTE will be final and
SIGNATUTE OF APPLICANT:	DATE:
preferably the Head of Department or Overall Boss of the Having known the applicant for ( ) year(s),	nember of the INSTITUTE or Senior Executive in your Organization, e Organization or School)  I have no doubt in recommending him/her as a proper person to be graded Member of the CHARTERED INSTITUTE OF CERTIFIED
	Date:
•	
Official Address/Stamp:	
	of Application/Registration fee of N5,500.00 (Five thousand Five
Received By: í í í í í í í í í í í í í	OFFICE USE ONLY)  Date í í í Enclosure found:í í í í í í
Membership Panel Assessment Centre Academic Background Compliance: Examination to be taken:	Work Experience:
l	JP-GRADING

S/N	EXAMINATION PASSED/NEW GRADE ACQUIRED	QUALIFICATIONS/TITLES IN EDUCATION AND PROFESSION	EFFECTIVE DATE	SUBSCRIPTION	
				Membership fee p.a	Levies
1.				P1.00	
2.					
3.					
4.					

NOTES:

Membership subscriptions are due for payment on the 1<sup>st</sup> 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.