



# Chartered Institute of Administration

(A Professional and Examining Body Chartered by Act No. 103 of 1992 - Now Cap C7 LFN 2004)

78, Old Ojo Road, Kuje-Amuwo, Off Badagry Expressway, P.M.B. 3063, Surulere, Lagos.

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## APPLICATION FOR MEMBERSHIP BY PROFESSIONAL EXAMINATION

<b>Office Use</b>
<b>Membership Number</b>

*(Please note that all the information requested below, to be treated as confidential by the Institute, must be correctly and fully supplied by you. Failure to do so will disqualify your application).*

### 1.0 PERSONAL DETAILS

1.1	_____	1.10	_____
	Surname		Residential Address
1.2	_____		_____
	Other Names		_____
1.3	_____	1.11	_____
	Male/Female		Courier Delivery Address
1.4	_____		_____
	Date of Birth		_____
1.5	_____	1.12	_____
	Married/Single		Postal Address (PMB, or P. O. Box)
1.6	_____		_____
	Title (Chief, Lolo, Dr. Etc)		_____
17	_____	1.13	_____
	Nationality		Telephone Number(s)
18	_____		_____
	State of Origin		_____
19	_____	1.14	_____
	Home Town Address		E-mail:
	_____		_____
	_____		_____

### 2.0 BASIC EDUCATIONAL QUALIFICATION

2.1 Name of Examination: \_\_\_\_\_  
(WASC/GCE/SSCE/NECO etc.)

2.2 Detailed Results:

Year	Subjects	Grade

Year	Subjects	Grade

### 3.0 HIGHER EDUCATIONAL QUALIFICATIONS

Name of Awarding Institution	Discipline	Qualification	Grade	Year Graduated

### 4.0 ACIA PROFESSIONAL EXAMINATION

4.1 \_\_\_\_\_  
Student Registration Number

4.3 \_\_\_\_\_  
Area of Specialisation  
(Corporate/Financial/Public Administration)

4.2 \_\_\_\_\_  
Month/Year of Completing Examination

### 5.0 EMPLOYMENT

#### 5.1 Past Employments:

Name/Address of Past Employer	Position Held	Date Employed	
		From	To

#### 5.2 Present Employment

Name/Address of Present Employer	Position Held	Date Employed

## 6.0 SPONSORSHIP

(To be Completed and Signed by a Financial Member of the Institute).

I hereby recommend (name) \_\_\_\_\_  
for election as a Member of Chartered Institute of Administration.

To the best of my knowledge and belief, the applicant is a fit and proper person for the membership of the Institute; and the information provided in this Form is correct.

6.1 \_\_\_\_\_  
Name of Member

6.4 \_\_\_\_\_  
Membership Number

6.2 \_\_\_\_\_  
Business/Employer's Name

6.5 \_\_\_\_\_  
Telephone Number

6.3 \_\_\_\_\_  
Address

6.6 \_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.7 \_\_\_\_\_  
Date

## 7.0 DECLARATION

7.1 I declare that information given in this Form is correct.

7.2 I enclose:-

- (a) a photocopy of each of the qualifications claimed in Paragraph 3.0
- (b) 2 recent passport photographs of myself

7.3 I undertake if elected and so long as I remain elected to observe and abide by the rules and regulations of the Institute. I also accept that once fees are paid, no refund will be made under any circumstance.

7.4 Finally, I pledge to be of exemplary conduct and to pay my annual subscription and other financial obligations to the Institute as and when due. I accept that my membership in the Institute shall automatically elapse if the Council of the Institute shall at any time without assigning any reason declare me as unfit to be a member of the Institute; or if I default in payment of annual subscriptions and other fees whether formally demanded or not.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

