



CHARTERED INSTITUTE OF CERTIFIED SECRETARIES & REPORTERS OF NIGERIA

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Motto: Confidence & Reliability in Service to Humanity

Two Passport photographs to be submitted with this form

MEMBERSHIP APPLICATION FORM

Surname: Other Names:

Gender Male Female Marital Status Single Married

Correspondence Address:

Permanent Home/Residential Address:

Phone Nos: GSM: Email:

Date of Birth: Nationality: State of origin:

ACADEMIC BACKGROUND (Please state which is applicable and attach photocopies of relevant certificates and curriculum Vitae) Schools, Colleges, Polytechnic and Universities attended: (These will be authenticated)

NAME OF INSTITUTIONS	PERIOD OF ATTENDANCE FROM: TO:	EXAMINATIONS PASSED AND QUALIFICATION(S) OBTAINED	AWARD DATE

PROFESSIONAL QUALIFICATIONS (Please state professional letters with dates of admission to the profession and attach Photocopies of curriculum vitae and certificate) If you are a member of a professional body, attach current membership renewal license or receipt of subscription.

PROFESSIONAL TRAINING/EXAMINATIONS REQUIRED TO BE CHARTERED\CERTIFIED MEMBER

<i>Please tick as appropriate</i>			
1. General Management/Administration	<input type="checkbox"/>	<input type="checkbox"/>	3. Office Technology and Management Practice
2. Verbatim/Official Reportorial Practice	<input type="checkbox"/>	<input type="checkbox"/>	e.g Private & Corporate Secretarial Services

NAME AND ADDRESS OF PRESENT EMPLOYER:

Nature of Business:

Nature of Job Performed:

Present Position: Job Title & Designation: Date of Appointment:.....

EXPERIENCE (Number of Years):

PREVIOUS POSITIONS HELD: (Use additional sheet of paper if necessary and arrange details in date sequence)

Name of Employer	Position held	Duties performed	Period

Note: Your Curriculum Vitae (C.V) and 10 pieces current postage stamp value and four white background colour passport photograph must be attached

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 OF NIGERIA 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 become a registered student member or professional graded member of the CHARTERED INSTITUTE OF CERTIFIED SECRETARIES AND REPORTERS OF NIGERIA.

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

NAME AND POSITION IN ORGANISATION: -----

Official Address/Stamp: -----

Note: (Applications will be considered on payment of Application/Registration fee of N37,000.00 (Thirty Seven Thousand Naira Only)

FOR OFFICE USE ONLY		
Received By: Date: Enclosure found:.....		
<u>Membership Panel Assessment Centre</u>		
Academic Background:.....	Work Experience:	
Compliance:.....	Grade/Class:.....	
Examination to be taken:	Training Needs:.....	
Initialed: 1	Date	2

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 right after the second demand for payment must have been made by the Institute to the defaulter or after the first three months elapse when payment should have been effected.**