

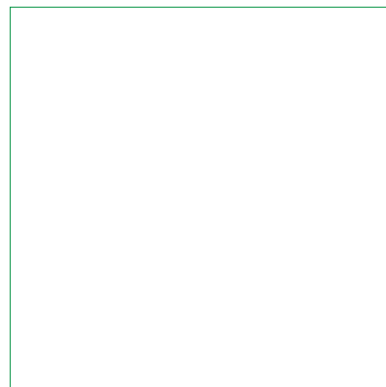


THE CERTIFIED MARKETING COMMUNICATIONS INSTITUTE OF NIGERIA

National Secretariat: 295, Ikorodu Road, Idi-Iroko, Maryland, Lagos
 E-mail: info@ cmcin.org, Tel.: 08025879967, 01-4342712, 01-4356545

MEMBERSHIP APPLICATION / ACCEPTANCE FORM

To: The Executive Vice President/DG
 CMCIN, Lagos



I hereby offer myself for admission as Fellow, Full Member, Associate Member, Registered Integrated Marketing Communicator, Integrated Marketing Communication Technician, Student. (Cross out whichever is not applicable) of CMCIN.

SECTION A: PERSONAL DATA

1. FULL NAME(s) OF APPLICANT: _____
2. CONTACT ADDRESS: _____
3. PROFESSION/ OCCUPATION: _____
4. CURRENT EMPLOYER /SCHOOL: _____
5. NATURE OF BUSINESS: _____
6. POSITION / RANK: _____
7. NATIONALITY : _____ STATE: _____
8. DATE OF BIRTH: _____ HOME TOWN: _____
9. TELEPHONE: _____
10. E-MAIL / P.O Box: _____

SECTION B: EDUCATION AND QUALIFICATIONS

SCHOOLS	FROM	TO	YEARS	EXAMINATION PASSED
UNIVERSITY/COLLEGE				DEGREE/DIPLOMA
OTHER ACADEMIC PROFESSIONAL COURSES				CERTIFICATE/DIPLOMA
MEMBERSHIP OF PROFESSIONAL INSTITUTES				

CERTIFICATION BY DEAN/HOD (IN CASE OF STUDENTS OF HIGHER INSTITUTIONS)

STAMP/DATE

SECTION C: INTEGRATED MARKETING COMMUNICATIONS TRAINING EXPERIENCE

A: PRACTICAL / COURSE TRAINING	FROM	TO	YEARS	PROGRESS COMENTS

B: IMC, MANAGEMENT, RESEARCH AND ALLIED EXPERIENCES

DETAILS OF PROJECTS	NATURE OF BUSINESS	FROM	TO	TOTAL MONTH AND YEAR	VERIFIED

C. NON INTEGRATED MARKETING COMMUNICATIONS EXPERIENCES

NAME AND ADDRESS OF PREVIOUS EMPLOYERS	POSITION HELD	FROM	TO	NO OF YEARS	VERIFIED

SECTION D: STATEMENT OF ATTESTATION

Attestation or sponsorship can be by the signature of a Fellow or Member of the Institute who has first hand knowledge of the applicant's work experience. Alternatively, applicant may provide letters from Clients, Previous Employers, Clergyman, Solicitors, addressed to the Director General confirming the information above.

I Hereby attest and confirm information above as valid.

Signature/ Date

Name and Status
(If CMCIN Member)

Membership No.....

SECTION E PERSONAL UNDERTAKING

I Undertake to undergo necessary qualifying procedures to become Certified IMC practitioner and elected member, consequent upon my admission to membership. I surrender myself to be governed by the CMCIN rules and regulations as may be spelt out by laws, Constitution as now in force or as they may in the future be reviewed. In furtherance of the Institute's objectives, I will make special efforts to attend its meetings, programmes and support financially in the payment of my subscriptions, donations and levies etc. I shall not release any confidential matters of the Institute to any person, nor put up any unethical behaviours inimical to the progress of the Institute otherwise the Institute has the right to withdraw my membership or subject me to discipline following a due process. I shall give notice in writing to the Executive Vice President/ Director General or Registrar of CMCIN as the case may be of my withdrawal from the institute or inability to attend a particular meeting after the payment of all dues from me. I offer myself as an instrument of progress to the Institute. I certified the statements made by me in this application as correct in its entirety.

Signature of Applicant: Date

FOR OFFICIAL USE ONLY

DATE APPLICATION RECIEVED	AMOUNT PAID AND CHEQUE NO:	DATE NOTIFIED	MEMBERSHIP STATUS NO.