



ASSOCIATION OF BUSINESS MANAGERS AND ADMINISTRATION OF NIGERIA

(Established under the Companies and Allied Matters 1990)

MEMBERSHIP APPLICATION FORM

Passport
Photograph

SECTION 1: APPLICANT'S PERSONAL DETAILS (PLEASE WRITE IN BLOCK CAPITALS)

Title	First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State of Origin / LGA		Date of Birth	Sex Nationality
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
E-mail Address	Telephone / Fax Number		Telephone / Fax Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
Current Postal Address			
<input type="text"/>			

SECTION 2: CATEGORY OF MEMBERSHIP APPLYING FOR (Please tick as appropriate)

(SUBJECT TO CHANGE ON THE RECOMMENDATION OF THE MEMBERSHIP COMMITTEE)

Fellow Full Associate Student

SECTION 3: EDUCATIONAL INSTITUTIONS ATTENDED WITH DATES & QUALIFICATIONS OBTAINED

Schools attended (Beginning with Tertiary)	Certificate Awarded & Course of Study	Year of Graduation

SECTION 4: MEMBERSHIP OF OTHER PROFESSIONAL BODIES/PROFESSIONAL QUALIFICATIOIS

NAME OF INSTITUTE/PROFESSIONAL BODY	Membership Grade	Date Achieved

SECTION 5: - SUMMARY OF CAREER / WORKING EXPERIENCE

(Please provide information on your career / working experience for the past three years)
(Commencing with your current post)

Employer/Organization	Job Title	Date (From - To)

SECTION 6 - APPLICANT DECLARATION

I understand that withholding pertinent information requested in this application form or intentionally giving false information will make me automatically ineligible for membership consideration. I hereby certify that my education and qualifications are in accordance with the admission requirements and all information given in this form is true. I agree to adhere to ABMAN code of Professional Conduct (call: 08031116444, for more details), to uphold my Mandatory Continuing Professional Development and to preserve the Institute values and principles.

Signature: _____ Date: _____

SECTION 7 - REFEREE

Please give the name of a referee. Must be a responsible person who has good knowledge about your professional/ experience responsibilities and should not be related to you.

Name:.....

Contact Address:.....

Tel No:..... Email.....

Signature and Date:.....

FOR OFFICIAL USE

Date Received:..... Date Processed:.....

Payment Receipt No:..... Membership Grade Approved.....

Name & Signature of Officer

Remarks:.....

All completed forms should be submitted with photocopies of credentials, a passport size photograph, C.V and N5,000 cash or Bank draft payable to ASSOCIATION OF BUSINESS MANAGERS & ADMINISTRATORS OF NIGERIA

08031116444, 08027507070, 08055164760
Email: associationofbusinessmanagers@gmail.com

INSTITUTE OFFICE

Suite C1, Charity Road, New-Okoko Agege, Lagos State

ABUJA OFFICE

Ideal Plaza, Suite C 52 Utako District