



CHARTERED INSTITUTE OF CORPORATE MANAGEMENT AND STRATEGIC PLANNING

INSTITUTE OF CORPORATE MANAGEMENT & STRATEGIC PLANNING

(Approved by the federal ministry of education) Registered by the Corporate Affairs Commission, RC 986503, Pursuant to section 33 and 34 of the companies and allied matters ACT #: 1 of 1990, under part 111 (Institute Limited by Guarantee)

REGISTERED OFFICE

606 Oriole Boulevard, Suite 100A Duncanville, TX 75116, USA.
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AFRICA REGIONAL OFFICE

34 Ogboroama Street, By #15 Iqwuruta Road, Rumuokwurusi, P.O. Box 6609, Port Harcourt, Nigeria.
Website: www.icmspng.org E-mail: info@icmspng.org Tel: 08032883338, 08033391042, 084-897241

MEMBERSHIP APPLICATION FORM

Attach two passport photos for your Membership Identification Card.

Category of membership applied for: _____

Names in Block: _____

Title/Position: _____ Sex: _____ Age: _____

Nationality: _____ Local Government Council: _____

Business Name: _____

Address: _____

Professional/Academic Qualifications: _____

Are you a member of any professional/trade association? If Yes, Name/s: _____

Type of Business/Product or service line: _____ Office Telephone/Fax#: _____

E-mail: _____ Website: _____

Home telephone #: _____

How did you hear about ICMSP? _____

Would you like to serve in any ICMSP Committee? _____ (Optional) If Yes, choose one: _____

Conference Committee * Membership & Chapter Development Committee * Education & Training Committee * Fund-Raising Committee * Examination Committee, Etc. ICMSP Will Notify Members Of Their Chosen Committee.

MEMBERSHIP FEE SCHEDULE

- **ASSOCIATE** – ₦75,000 OR (USD 202)
- **FULL MEMBER** – ₦90,000 OR (USD 243)
- **FELLOW** – 150, 000 OR (USD 405.00)
- **CORPORATE** – ₦500,000 OR (USD 1351)
- **(ASSOCIATE MEMBER: FOR NYSC MEMBERS ONLY)** – ₦45,000 OR (USD 121)

Corporate and individual membership fees are payable in full on Application for membership. Photocopies of available credentials must follow application for membership decision purposes. The decision of the Membership Committee is final.

Amount Paid: N _____ Payments must be made into any branch of **ZENITH BANK PLC.** Nationwide, **Account No. 1011589511.** All payment slips should be forwarded to the institute.

Signature _____ **Date:** _____