



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.

Tel: +1 817 891 2676

Fax: 972 708 9292

AFRICA REGIONAL OFFICE

34 Ogboroama Street, By #15 Igwuruta Road,
Rumuokwurusi, Port Harcourt,
Nigeria.

Tel: 08032883338, 08033391042

Website: www.cicmsp.org | E-mail: info@cicmsp.org

MEMBERSHIP APPLICATION FORM

Attach two passport photos for your Membership Identification Card.

Category of membership applied for: _____

Names in Block: _____

Title/Position: _____ Gender: _____ Age: _____

Nationality: _____ Local Government Area: _____

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 ICMSPP? _____

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

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

MEMBERSHIP FEE SCHEDULE

- **ASSOCIATE** – ₦75,000
- **FULL MEMBER** – ₦90,000
- **FELLOW** – ₦150,000
- **CORPORATE** – ₦500,000
- **(ASSOCIATE MEMBER: FOR NYSC MEMBERS ONLY)** – ₦45,000

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: ₦ _____ Payments must be made into any branch of **ZENITH BANK PLC.**
Nationwide, **Account No. 1017219869.** All payment slips should be forwarded to the institute.

Signature _____ **Date:** _____