



INTERNATIONAL STRATEGIC MANAGEMENT INSTITUTE

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Membership Application Form

PERSONAL INFORMATION

1. Name: / /
Surname First name Others

2. Date of Birth: / /
Day Month Year

3. State of Origin: 4. Sex: Male Female

5. Contact Address:

6. Telephone: 7. Email:

EDUCATIONAL BACKGROUND:

8. Primary School Attended: Qualification Obtained:

9. High/Secondary School Attended: Qualification Obtained:

10. Higher Education: Qualification Obtained:

a. Qualification Obtained:

b. Qualification Obtained:

c. Qualification Obtained:

11. Professional Qualification: a. Qualification Obtained:

b. Qualification Obtained:

c. Qualification Obtained:

12. Membership Type: a. Associate: b. Certified Member: c. Associate Fellow: d. Fellow:

13. Referee: a. Name: b. Name:

Address: Address:

Tel: Sign: Tel: Sign:

Email: Email:

Declaration: I, _____ affirm that the information provided above is true and that I should be held liable if any of the information is found incorrect or misleading

For Official Use only RECOMMENDATION: _____

Name: _____

Signature: _____ Date: _____