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PARLIAMENTARY MANAGEMENT INSTITUTE OF NIGERIA (PMIN)

MEMBERSHIP APPLICATION FORM

1. PERSONAL DETAILS Title: (Prof/Dr/Mr/Mrs/Miss/Ms etc).....

Gender: Male Female

Surname:

First name: Date of birth.....

(dd/mm/yy).....

Nationality:

Home address:

.....

Telephone:

Mobile:

Email:

Employer's Address:

.....

Telephone: Email:

2. EDUCATIONAL BACKGROUND (**Attach additional sheet if necessary)

From Month/ Year	To Month/ Year	Qualification Degree	Field of Study	Institution Name (Place of study)

3. EMPLOYMENT BACKGROUND/WORK EXPERIENCE (**Attach additional sheet if necessary)

Employer	Job title	Main responsibilities	Full/part-time	From (Month/Year)	To (Month/Year)

4. CATEGORY OF MEMBERSHIP APPLYING FOR?

Member Associate Fellow

5. PERSONAL STATEMENT Please attach a copy of your personal statement which outlines your reasons for choosing the certification and any additional information that may be relevant to your application.

6. PAYMENT OF FEES: Who is expected to pay your membership fees?

Yourself Family member Sponsor Employer Other (please state).....

7. CHECKLIST

I have ensured my personal details are correct I have enclosed all certified copies of certificates

I have enclosed letter of employment from current employer I have enclosed last promotion letter

I have attached payment receipt for application form I have attached 2 reference letters

8. DECLARATION I confirm that, to the best of my knowledge, the information in this form is correct and complete. I agree that the personal information I have provided may be used as set out.

Applicant's signature: Date:

If you are completing this form electronically, you can use this box below instead of a signature.

Checking this box constitutes a legal signature confirming that I acknowledge and agree to the above disclaimer.

Please send this form, as well as all relevant supporting documentation, to: postgraduate@nils.gov.ng

For Official use only:

Date application processed by the Board of Studies:

Board of Studies decision on application:

PMIN Membership number: