

College of Supply Chain Management

In Affiliation with:

The Certified Institute of Warehousing and Materials Management

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MEMBERSHIP APPLICATION FORM

ALL ENTRIES IN BLOCK LETTER (Please tick as appropriate)

Thro: The Secretary of Council

To: The Council of Certified Institute of Warehousing and Materials Management

- * Full Member of the Certified Institute of Warehousing & Materials Management
 * Associate of the Certified Institute of Warehousing & Materials Management
 * Graduate Member of the Certified Institute of Warehousing & Materials Management

Name: _____ (Surname) _____ (Other names) _____ (Mr/Mrs)

Date of Birth: _____ Sex: _____ Marital Status: _____

Postal Address: _____

Residential Address: _____

E-mail Address: _____ Tel: _____

(a) **Current Employment Information:**

Name and Address of Organisation: _____

Nature of Business: _____ Date of Employment _____

Position at Employment: _____ Current Position: _____

(b) **Previous Employment Information**

Designation	Company	Period (Given Month & Year)		Employees Controlled	
		From	To	No	Grade

For Official Use Only

Date of Submission of Form: _____ Initial of Receiving Officer: _____

Checked by: Name: _____ Signature: _____ Date: _____

EDUCATION INFORMATION

In further support of my application, I furnish the following details:

i) Full-Time education, e.g. University or Polytechnic or College of Education

University/Polytechnic/College	Month & Year		Degree, Diploma, Certificate Obtained
	From	To	

ii) Other professional qualification(s) if any and dates of completion of exams

Professional Bodies	Month & Year		Qualification(s)
	From	To	

DECLARATION

I certify that the information given in this form are correct to the best of my knowledge.

I agree to pay all future fees and subscriptions for which I become liable failing which the institute is authorized to terminate my membership subject to due notice. I hereby undertake to observe and be bound by the provisions of the Article and Rules of the Institute.

In support of my application, I furnish the particulars on page 1, 2 and 3 herewith and enclose N_____ in payment of admission fee, subscriptions, development levy due etc. The payment receipt number received is quoted here for your reference (_____)

Signature of Application

Date of Application

REFEREE REPORT/RECOMMENDATION

We, the undersigned, having known the applicant

Who is seeking election as a Fellow/Full Member/Associate Member/Graduate Member of the Institute, hereby recommend him/her from personal knowledge as a fit and proper person for election.

Referees (must be a member of the following institute ACIWM, ACIA, ACA, ACIPS, ANAN, CPA, LLB)

Name: _____

Contact Address: _____

Occupation: _____ Position: _____

Institute Designatory Fellow/Full Member/Associate _____ No: _____

Phone Number: _____ Mobile: _____

Sign

Date

COMPLETED FORM MUST BE SUBMITTED WITH THE FOLLOWINGS:

- a) 2 Passport Photographs
- b) Photocopy of certificate and diploma
- c) 2 Self addressed stamped envelopes
- d) Any other relevant documents
- e) Photocopy of the receipt/teller

FOR OFFICE USE ONLY

Recommendation of the Registrar:

Elected as:

- | | |
|--|--|
| <input type="checkbox"/> Fellow | <input type="checkbox"/> Graduate Member |
| <input type="checkbox"/> Full Member | <input type="checkbox"/> Honorary Fellow |
| <input type="checkbox"/> An Associate Member | <input type="checkbox"/> Candidate Not Qualified |

Reason(s) for disqualification _____

President & Chairman of council approval:

Name: _____

Signature _____

Date _____

MEMBERSHIP NO.