

CHARTERED INSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS



CICMA HOUSE
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Attach Two
Passport
Photograph

APPLICATION FOR MEMBERSHIP

Please complete this form and send with photocopies of your Credentials

I wish to apply for (Please tick the appropriate Box):

Associate Membership (ACMA)

The appropriate fee:

N180,000:00

Please use block capital in all sections.

Name: -----

(Please write this exactly as you would like it to appear on your professional Membership Certificate

Underlining your surname.)

Mr/Mrs/Miss/other ----- Nationality ----- Sex: -----

Date of Birth: ----- Age: ----- Marital Status: -----

Academic qualifications (Please attach copies)

Professional qualifications. (Please attach copies)

Current Position: ----- Date Appointed: -----

Business Name: -----

Postal Address:-----

Private Address:-----

(Please tick the appropriate box for correspondence address.)

Home Tel No: ----- Business Tel No: -----

Mobile Phone No: ----- Business Fax No: -----

Email Address: -----

Website Address: -----

DETAILS OF COMPETENCE AND A CHIEVEMENT

A photograph of yourself and Photostat copies of all Certificate/Diplomas and Qualifications are required.

(These will not be returned.)

Previous Positions and duties: -----

Please state departments and number of staff for whom you are responsible in your current position:

Other relevant information (Please use extra sheets if necessary):

DECLARATION

On admission, a Membership Certificate will be issued. This Certificate or Diploma remains the property of the Institute and must be returned to Head Office upon cessation of membership. I agree to adhere to the Institute's Code and Conduct and Membership Regulations. I submit my application for membership and declare that all the information given on this form is accurate and true.

Signature: ----- Date: -----

FOR OFFICE USE ONLY

Date Fee Received: ----- Amount: ----- Invoice No: ----- Grade

Awarded: -----

Date of Election: ----- Registration No: ----- Date Cert/Dip Sent: -----
