

CHARTERED INSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS



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Attach Two
Passport
Photograph

APPLICATION FOR MEMBERSHIP

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

The appropriate fee:

1. Associate Membership (ACMA) \$500:00
2. Fellow Membership (FCMA) \$1,000:00

Personal Details

Title (Mr/Mrs/Miss/other): Surname-----

First Name-----Middle Name-----

Postal Address-----

Office Address-----

Date of Birth-----Marital Status-----

Nationality-----Phone-----

WhatsApp Number-----E-mail: -----

Academic Qualifications-----

Professional Qualifications-----

Present Job Position-----

Full name and address of present employer-----

Signature of Applicant

I agree to accept the decision of the Council as my eligibility for election to the appropriate grade of membership. If selected I agree to abide by the Institute's Charter and Bye-laws and to observe the provisions of the Institute's Code of Professional Standards. I confirm that the information supplied in support of my application for membership is correct. I agree that all fees paid are non refundable.

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

***INSTRUCTIONS TO OVERSEAS APPLICANTS**

1. Pay the membership fees by online funds transfer to the institute bank account

using these details:

- 1. Name of Bank: Zenith Bank Plc, Kachia Road, Kaduna South, Kaduna, Nigeria**
- 2. Account Name: Institute of Cost and Management Accountants**
- 3. Account Number: 5072885014**
- 4. Swift Code: ZEIBNGLA**
- 5. Attach your current C.V to this application form**
- 6. Scan your application form with the originals of your credentials to**

cicma.ng@gmail.com

Total Amount Paid: \$ _____

Approved by-----

Approval Signature-----