

# 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)  N180,000:00
2. Fellow Membership (FCMA)  N400,000:00

### Personal Details

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

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

Postal Address-----

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Office Address-----

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

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

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

- Make sure you attach your current C.V to this application form

**Academic Qualifications**-----

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**Professional Qualifications**-----

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**Present Job Position**-----

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

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**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:** -----

*1. Fees are payable into the institute bank account number **1010758378** at*

**Zenith Bank Plc**

*2. Scan your completed form with the originals of your credentials to [cicma.ng@gmail.com](mailto:cicma.ng@gmail.com) and sent the hard copies of your form to the institute by courier service*

**\* Approved By**-----

**\* Approval Signature**-----