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)	☐ N300,000:00
2.	Certified Management Accountant(CMA)	☐ N350,000.00
3.	Fellow Membership (FCMA)	☐ N600,000:00

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: ----------

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

Academic Qualifications----------

Professional Qualifications----------

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

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 nonrefundable.

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

1. ***Fees are payable into the institute bank account number 0013525001 at*** **Access Bank Plc**
2. ***Scan your completed form with the originals of your credentials to cicma.ng@gmail.com and sent the hard copies of your form to the institute by courier service***