



THE INSTITUTE OF REGISTERED ADMINISTRATIVE MANAGERS OF NIGERIA

Established under the Act of Parliament 1 Cap 59 of 1990

National Secretariat: 7A Junction Road, by Sardauna Crescent, Kaduna.

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Website: www.regdmanager.com **E-mail:** info@regdmanager.org, regdmanager@yahoo.com

Office Use Only

Membership No.

Attach two
passport
photograph

Thro: The Secretary of Council

To: The Council of the Institute of Registered Administrative Managers of Nigeria

- * I hereby offer myself for admission as a Fellow of the Institute
- * I hereby offer myself for admission as a Full Member of the Institute
- * I hereby offer myself for admission as a Associate of the Institute
- * I hereby offer myself for admission as a Graduate Member of the Institute

1. PERSONAL DETAILS

Surname: _____
 Forenames: _____
 Sex: _____
 Date of Birth: _____
 Nationality: _____
 State of Origin (If Nigerian): _____
 Religion: _____
 Marital Status: _____
 Mailing Address: _____
 _____ E-mail: _____
 Residential Address: _____
 Telephone: Office _____ Home _____

2. EDUCATIONAL QUALIFICATION

Example, BA (Hons) Politics, University of Lagos 2.1, 1994 to 2000

COURSE	AWARDING INSTITUTION	GRADE	DATE OBTAINED	
			From	To

3. PROFESSIONAL QUALIFICATIONS

PROFESSIONAL BODY	MEMBERSHIP LEVEL	DATE OBTAINED

4a. EMPLOYMENT RECORDS

NAME AND ADDRESS OF EMPLOYER(S)	NATURE OF BUSINESS	POSITION IN WHICH EMPLOYED	DATE OF EMPLOYMENT	
			From	To

4b. Which ONE of the following categories are you employed?

- Board Level & Senior Management
- Middle Management
- Self Employed
- Frontline Management & Senior Administrator
- Others

4c. How many employees are you directly responsible for?

- 01 - 10
- 11 - 50
- 51 - 100
- 101 - 500
- 501+

5a. How many years experience have you had in Management/Administration?

- Over 15 years
- 11 - 15 years
- 2 - 10 years
- Up to 2 years

5b. Do you recruit personnels? Yes No

5c. State the amount of your annual budget responsibility:

N.....(approx.)

6a. What is the MAIN sector of your employing organisation?

- Armed Forces, Police & Emergency Services
- Charitable & Professional Bodies
- Education Management & Administration
- Financial Services Insurance & Banking
- General Industry & Commerce
- IT & Telecommunications
- Local Government & Agencies
- Health Services
- Miscellaneous Professions

6b. How many people does your organisation employ?

- | | |
|------------------------------------|------------------------------------|
| Total Organisation | Your Division |
| <input type="checkbox"/> 01 - 10 | <input type="checkbox"/> 01 - 10 |
| <input type="checkbox"/> 11 - 50 | <input type="checkbox"/> 11 - 50 |
| <input type="checkbox"/> 51 - 100 | <input type="checkbox"/> 51 - 100 |
| <input type="checkbox"/> 101 - 500 | <input type="checkbox"/> 101 - 500 |
| <input type="checkbox"/> 501+ | <input type="checkbox"/> 501+ |

Can we provide your employer with details of the IAMN programme? Yes No

If Yes - Please confirm the name and job title of the person we can contact

Name	
------	--

Job Title	
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7. CERTIFICATION

I certified that the information given in this form is correct. Enclosed are the following:

- (a) Bank draft/teller for the Registration fee of N3,000.
- (b) Certified copies of Educational and Professional Qualifications as claimed above.
- (c) Two most recent passport photographs
- (d) Four (4) self-addressed envelopes size 9" x 4" bearing N50.00 stamp each.

I certified that the information given in this form is correct to the best of my knowledge.
I agree to pay all future fees and subscription for which I become liable, and thereby undertake to observe and be bound by the provisions of the Articles and by laws of the Institute as may be from time to time.

Applicant's Signature..... **Date**.....

8. SPONSORSHIP

This must be signed by a financial member of the Institute
(**Note:** Deliberate false information attracts stiff disciplinary action)

Sponsor's Membership No

I _____
 hereby recommend _____
 for election into Membership of the Institute.

To the best of my knowledge and belief, the applicant is a suitable and proper person for the Membership of the Institute; and the information provided in paragraph 1-6 are all correct. I have seen the originals of the documents claimed in paragraph 2,3,4,5 and 6 and have certified the attached as being true copies of those documents.

Business Name / Address

Name: _____
 Position: _____
 Signature: _____
 Date: _____

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9. MEMBERSHIP COMMITTEE'S RECOMMENDATION TO THE REGISTRAR

Signature of Chairman, Membership Committee	Date

10. DECISION OF THE REGISTRAR

Signature of Registrar	Date

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Date Form Sent _____

Date Application Received _____

Membership Number

Election as a Fellow

a Full Member

an Associate

Election Date _____

a Graduate Member

Candidate not qualified reason(s) _____
