



INSTITUTE OF MANAGERIAL ECONOMISTS OF NIGERIA

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MEMBERSHIP REGISTRATION FORM

BIO DATA

Surname: _____ Other Names: _____

Date of Birth: _____ Date of Birth: _____

Sex: Male Female Nationality: _____

Marital Status: Single Married Divorced Widow(er)

Residential Address: _____

LGA: _____ State: _____

Telephone No(s): _____

Email: _____

Next of Kin: _____

Next of Kin Address: _____

Next of Kin Telephone: _____

EDUCATIONAL QUALIFICATION

Primary School Attended: _____

Year of Graduation: _____ Certificate Obtained: _____

Secondary School Attended: _____

Year of Graduation: _____ Certificate Obtained: _____

Higher Institute Attended:

Year of Graduation: _____ Course & Certificate Obtained: _____

WORKING EXPERIENCE

Name of Organization: _____

Company Address: _____

Designation: _____

DECLARATION

I, _____ solemnly declared that all the information given by me in this application form is true and correct, that the organization has the right to verify from the corresponding authority regarding the authenticity of the attached certificates or qualifications claimed by me. I will by all means abide by the constitutional BYE-LAWS establishing the organization to maintain and to keep to the professional ethics, integrity and competence of the organization.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Verification Unit

Certificates Verified by: _____

Date of Verification: _____

Amount Paid: _____

Recommendation: _____