

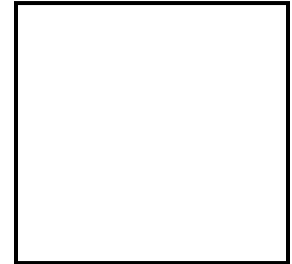


# THE INSTITUTE OF SALES AND MARKETING MANAGEMENT OF NIGERIA (ISMMN)

(Established under Decree No. 1 of 1990)

**Motto: CONSUMER SATISFACTION**

Corporate office: 34 – 36 Ikorodu Road, Jibowu, Fideyi, Lagos.



## MEMBERSHIP APPLICATION FORM

*(This form must be accompanied by an application fee of N5,000 payable by cash or Bank draft)*

### SECTION 1: GENERAL INFORMATION

Surname	First name	Other names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title: (Mr, Mrs, Miss, Dr etc)	Date of Birth(Day/Month/Year)	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>
Private Address		
<input type="text"/>		
Telephone Number(s)	E-mail Address	Fax No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate your membership category as appropriate;

<input type="checkbox"/> Student	<input type="checkbox"/> Associate	<input type="checkbox"/> Full
<input type="checkbox"/> Corporate	<input type="checkbox"/> Fellow	<input type="checkbox"/> Honourary

### SECTION 2: ACADEMIC AND PROFESSIONAL QUALIFICATIONS

INSTITUTIONS	FIELDS OF STUDY	DEGREE OBTAINED	YEAR

**SECTION 3: EMPLOYMENT RECORDS**

S/N	Employer's Name and Address	Position	Year of Service
1.			
2.			
3.			
4.			

**SECTION 4: MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTION(S)**

S/N	Professional Institute	Qualifications	Membership No:	Date
1.				
2.				
3.				
4.				

**SECTION 5: APPLICATION FEE PAYMENT DETAILS**

Payer's name		Amount Paid
<input type="text"/>		<input type="text"/>
Bank	Teller No	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 6: REQUIREMENTS**

- a. Completed membership form(s) should be returned with: Bank Certified cheque/draft or cash covering stipulated registration fee.
- b. Name and Address of the applicant must be written at the back of the cheque/draft (Payable to ISMMN) only.
- c. Attach two (2) recent passport photographs.
- d. Attach Photocopies of credentials and other relevant documents from your employer with designation and stamp

**SECTION 7: REFEREE**

I, \_\_\_\_\_ recommend the applicant for membership of the Institute.

Membership Status:  Fellow  Full member  Associate  Non-member

Membership No	Telephone No	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address and Signature

**DECLARATION**

Have you been convicted for any criminal offence? Yes/No

Have you been dismissed from any organization? Yes/No

I declare that:

- a. I agree with aims and objectives of the Institute of Sales and Marketing Management of Nigeria (ISMMN). I will abide by its Constitution and Bye-Laws and Code of Professional Conduct.
- b. I will endeavour to further the aims and objectives of the Institute of Sales and Marketing Management of Nigeria (ISMMN).
- c. I accept as binding, the decision of the Admission Committee on all matters dealt with in accordance with the provision of the said Constitution and Bye-Laws and the ISMMN Code of Conduct.
- d. The above information is correct, and I accept responsibilities for any error, omission or wrong information.

Applicant Signature

Date

FOR OFFICIAL USE ONLY	
Date Application Received: .....	Membership No: .....
Membership Category Applied for: .....	
Payment Receipt No: .....	Date of Registration: .....
Other Remarks: .....	
Names and Signature of Vetting Officer: .....	
Application approved/Not approved by: .....	
<hr style="width: 80%; margin: 0 auto;"/> <p><b>Signature</b> Chairman Membership Committee</p>	<hr style="width: 80%; margin: 0 auto;"/> <p><b>Date</b></p>

**ISMMN BANK DETAILS**

**PAY TO:** The Institute of Sales and Marketing Management of Nigeria (ISMMN).

**BANK:** Fidelity Bank

**ACCOUNT NO:** 4010058447

**ISMMN REGISTRAR CONTACT DETAILS**

**Tel:** +234 (0) 703 574 7972, (0) 812 631 1840

**Email:** [info@ismmn.com.ng](mailto:info@ismmn.com.ng)