



THE INSTITUTE OF SALES AND MARKETING MANAGEMENT OF NIGERIA (ISMMN)
(The three concepts professional)

Established by act of parliament 2007

Motto: CONSUMER SATISFACTION

Corporate office: 123 Ojuelegba Road, surulere, Lagos.

MEMBERSHIP APPLICATION FORM



(This form must be accompanied by an application fee of N10,000 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

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"/> Honorary

SECTION 2:**ACADEMIC AND PROFESSIONAL QUALIFICATIONS**

INSTITUTIONS	FIELD 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 member Full member Associate
 Student member Honorary member corporate 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 endeavor 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.

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:

Signature

Date

Chairman Membership Committee

ISMMN BANK DETAILS

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

BANK: Sterling Bank ACCOUNT NO: 0068350810
Fidelity Bank ACCOUNT NO: 4010058447

ISMMN CONTACT DETAILS

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

Website: www.ismmn.com.ng **Email:** info@ismmn.com.ng or ismm.nigeria@gmail.com