



NIGERIAN ASSOCIATION OF CLINICAL PSYCHOLOGISTS

(Founded 1979)

Membership Application Form

FORM A

(Please attach your payment teller)

Affix a
Recent
Colour
Passport
Photo

Section 1 General Information

Surname

First Name

Other Names

Title (Mr, Mrs, Miss, Ms, Dr., Prof.)

Date of Birth (Day/Month/Year)

Nationality

State (if Nigerian)

Employer, Institution or Firm Name & Address

Address for Correspondence

Permanent Home Address

Telephone Number(s)

E-mail Address

Nature of Business

Job Title

Nature of Work

Section 2 Academic Qualification & Professional Training Attended

In support of your application, please submit a copy of your CV along with copies of your academic and professional Training certificates with this application. (DO NOT ENCLOSE ORIGINAL DOCUMENTS)

Academic Qualifications - Indicate your academic Qualifications, starting with the highest

(Degree(s), A-Level/O-level/others)

Names of Institutions

Certificate/Degree attained (State discipline)

Year attained

Field of Psychology e.g Clinical, Industrial, Developmental or Professional e.g Medicine of Law

Professional Training Attended

Name of Organiser

Certificate Obtained

Year

Section 3 Employment History

List the last TWO (2) organisations/positions you have held in your employment history, beginning with the current

a. **Name of Organisation**

Position held

Date (from-to)

Main Responsibilities

b. Name of Organisation	Position held	Date (from-to)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Main Responsibilities

Section 4 Sponsor/Referee

Please give the names & full address of TWO sponsors/referees. Your sponsors/referees must be full member of the Association. One of your sponsors/referees must be from the institution where you graduated/Departmental Head or His representative who has knowledge about your training and professional responsibilities, and should not be related to you. For student membership.

Overseas Trained: Qualified applicants who do not know any full member should approach the national president and vice president to propose them.

a Name of Sponsor/Referee	Type of Membership
<input type="text"/>	<input type="text"/>
Address (including telephone and e-mail address)	Position in Association
<input type="text"/>	<input type="text"/>
Signature	Date Accepted Membership No
<input type="text"/>	<input type="text"/>

b Name of Sponsor/Referee	Type of Membership
<input type="text"/>	<input type="text"/>
Address (including telephone and e-mail address)	Position in Association
<input type="text"/>	<input type="text"/>
Signature	Date Accepted Membership No
<input type="text"/>	<input type="text"/>

Section 5 PAYMENT (Full Members N50,000, Student Members N10,000, Affiliate Members N25,000)

Notes: Any M.SC clinical student member seeking full membership will pay N25,000 to upgrade their status.

(*Practicing Licence and annual dues N10,000 (Renewable annually N10,000) - Fill form B)

Cash/Cheque Number: Date of Payment:

Payment Account: ACCOUNT NAME: Nigerian Association of Clinical Psychologists
ACCOUNT NUMBER: 1005435589 | BANK NAME: KEYSTONE BANK

Section 6 Declaration

Have you ever been convicted for criminal offence? ☐ YES ☐ NO Have you ever been dismissed from any organisation ☐ YES ☐ NO

Give details

I declare that the information given herein is correct to the best of my knowledge. I agree to be bound by the Rules and Regulations of the Nigerian Association of Clinical Psychologists as they now exist, and as they may hereafter be amended

Signature of applicant _____/Date: _____

For more information regarding your Membership or your Practicing Licence application: Contact the Membership Committee:

Prof. Helen O. Osinowo (President): 08079226338, Prof. Akinnawo (Vice President): 08059430203,
Dr. Harry Obi-Nwosu (Vice President): 08037089870, Dr. Chia (Vice President): 08065338087,
Dr. Gbemi Olukolade (National Secretary): 08036701284 [E-mail:nacpsecretariat@gmail.com](mailto:nacpsecretariat@gmail.com)
Mr. Shimakaa Torlulum (Vice Secretary): 08063899921, Dr.Grace Awopetu (Treasurer): 07031535566,
Mr. Joseph Tyover Kiva (P.R.O.): 08067779257

Right
Thumb

For Official Use

Date Received Payment Receipt No Amount Paid

Official Remarks, Name and Signature _____

Registration Number: