



Society for Information Science and Technology of Nigeria

6, Benue Road, University of Ibadan, Ibadan, Oyo State, Nigeria

MEMBERSHIP APPLICATION FORM

Membership Number:
(For Office Use only)

**Affix
Passport Size
Photograph
Here before
scanning this
form**

MEMBERSHIP CATEGORY SOUGHT:

Student [] Associate [] Professional [] Fellow []

(Print in Block letters)

Surname (Print in Bock Letters): _____

First name: _____ Other Name: _____

Street Address: _____

City: _____ Country: _____

Postal Address: _____

City: _____ Country: _____

Telephone/GSM/Cell No.: _____ Country Code: _____

Email1: _____ Email2: _____

Occupation: _____

Work Organization/Address: _____

Rank/Position/Designation: _____

EDUCATIONAL QUALIFICATIONS (Academic and Professional)

Qualification	Institution attended	Year Of Graduation

WORK AND PROFESSIONAL EXPERIENCE

From:	To:	Designation	Organization

I, _____ hereby apply for admission to membership of the Society for Information Science and Technology of Nigeria (SISTN). If admitted, I pledge to abide by the rules, ethics and code of conduct of the Society.

SIGNATURE: _____ **DATE:** _____

APPLICATION PROCEDURES

NOTE: See the [Application to Membership Procedures](#) page for full details)

Submission of application:

- (a) Download, fill-out completely, affix a passport photo, and sign the [SISTN Application Form](#).
- (b) Scan and save in PDF format the (1) completed Application Form; (2) photocopies of all certificates for the educational qualifications as listed in the application form (mandatory for all applications); (3) photocopies of evidence of professional/work experiences (e.g. letters of appointment) as listed in the application form (mandatory for Associate Member and SISTN Fellow applications); (4) Curriculum Vitae of the applicant;
- (c) Get ready your curriculum vitae in PDF format.
- (d) Get ready your passport photograph in JPEG format.
- (e) Send an email stating your full names, physical address, your phone number and a statement of your intention, accompanied by the files in (b) to (d) above, to sistn2015plus@gmail.com (Your email will be acknowledged within 72 hours)

Payment of Fees:

- (a) Warning: You can pay the applicable application and annual fess ONLY AFTER your membership application is approved. (See [Application to Membership Procedures](#) for details) When you receive an approval of your application to a Membership category, accept the approval by email.
- (b) Pay the Membership and Annual fees [Membership and Annual fees](#) appropriate to the Membership category approved for you into the following SISTN bank account:

Account Name:	Society for Information Science and Technology of Nigeria
Account Number:	0171598523
Bank name:	Guaranty Trust Bank
Branch name:	Bodija, Ibadan, Nigeria
Bank Swift Code/BIC:	GTBINGLA

- (c) After making the appropriate payment, email details of the payment along with scanned copy of the cash/cheque teller or payment instrument or instructions to sistn2015plus@gmail.com stating your full names, physical address and phone number. (Your email will be acknowledged within 72 hours).

OFFICIAL USE ONLY

Date Application Received: _____ Date Acknowledgement sent: _____

Recommended by: _____

Name

Signature & Date

Approved by: _____

Name

Signature & Date

Membership Grade Offered: _____ **Date:** _____

Date Offer Accepted: _____ **Date Certificate Sent:** _____