



RC:770230

# Emergency, Crisis & Disaster Risk Management Institute

Affix 4  
Passport  
Photograph

## Membership Application Form

(This form must be accompanied by an application fee of N 10,000 payable by cash)

### SECTION 1: GENERAL INFORMATION

Surname

First Name

Other Names

Title: ( Mr, Mrs, Miss, Dr, etc)

Date of Birth ( Date/Month/ Year)

Nationality

State ( If Nigeria)

Company Name &amp; Address

Postal Address

Telephone Number(s)

E-mail Address

Fax No

Job Title

Nature of Work

Indicate the Level of Membership you are applying for:

### SECTION 2: ACADEMIC & PROFESSIONAL QUALIFICATIONS

In support of your application please submit a copy of your CV, your academic and professional certificate and 2 passport photographs DO NOT ENCLOSE ORIGINAL DOCUMENTS.

Academic Qualifications-indicate your academic qualifications, starting with the highest  
( Degree, A/level/O-level/Others)

S/no	Name of Institute	Certificate/ Degree attained (Quote Discipline)	Year attained

Profession (eg Banking, Insurance, etc)

Professional Qualification (eg ACA, ACIB, ACILL,AII, AIPM etc)

S/no	Name of Institute/ Examination Body	Qualification Obtained	Year Attained



### SECTION 3: EMPLOYMENT HISTORY

List the last THREE (3) positions you held in your employment history, beginning with the current

1. Name of Organisation

Position Held

Date (from to)

Main Responsibilities

2. Name of Organisation

Position Held

Date (from to)

Main Responsibilities

3. Name of Organisation

Position Held

Date (from to)

Main Responsibilities

### SECTION 4: REFEREE

Please give the name of ONE. Your referee must be someone who has knowledge about your profession, responsibilities and should not be related to you.

Name of Referee

Address (Including telephone, e-mail 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 the information given is correct to the best of my knowledge, I agree to be bound by the rules and regulations of the Portfolio Management Institute

Applicant's Signature and Date

*For Official Use*

Date received:.....

Registration Number:.....

Payment Receipt No:.....

.....  
Name & Signature of Officer

Officer Remarks:.....

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