



CHARTERED INSTITUTE OF STRATEGIC MANAGERS AND LEADERS

FORM A

Membership Application Form

(This form must be accompanied by an application fee \$25 or ₦5000)

Payable to CISML AFRICA

A fix Two

Recent

Passport

Photos

SECTION ONE: PERSONAL INFORMATION

Surname	First Name	Other Names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title, (Mr., Mrs., Miss, Dr, etc.)	Date of Birth	Continent	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Workplace Name & Address		Contact Address	
<input type="text"/>		<input type="text"/>	
Job Title	Nature of Work		
<input type="text"/>	<input type="text"/>		
Telephone Number (s)	E-mail Address		
<input type="text"/>	<input type="text"/>		

SECTION TWO: ACADEMIC & PROFESSIONAL QUALIFICATION

In Support of your application, please submit a copy of your CV along with photo copies of your academic and professional certificates (Including Exemption Certificate) with this application.

1. ACADEMIC QUALIFICATIONS - (START WITH HIGHEST QUALIFICATION OBTAINED).

Names of Institution	Diploma /Degree obtained	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. PROFESSIONAL QUALIFICATIONS

Name of Institutions/Examining Body	Qualification obtained	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION THREE: MANAGERIAL/LEADERSHIP/CONSULTING ENGAGEMENT HISTORY

List the last three positions you have held in your employment history (Beginning with your present job)

1. Name of Organization	Position Held	Date (From - To)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Key Responsibilities		
<input type="text"/>		

Key Responsibilities

2. Name of Organization

Position Held

Date (From - To)

3. Name of Organization

Position Held

Date (From - To)

Key Responsibilities

Signature

Date

Total years of work experience to date

From

To

SECTION FOUR: ROUTE TO MEMBERSHIP

1. Qualified - Direct

2. Qualified - Accelerated Qualifying Workshop

3. Standard Qualifying Course

4. Experiential Achievements

SECTION FIVE: COLLECTION/SUBMISSION POINT

Online

Offline

Country

State/Location

ALC /AAA Name

Code

SECTION SIX: AFFIRMATION

I declare that the information given herein is correct to the best of my knowledge; I also agree to be bound by the Operating Standards of the CISML as they now exist, and as they may hereafter be amended.

Signature of applicant _____ Date _____

Complete and return to the Approved Learning Centre/Approved Associate Assessor to your closest

AFRICA OFFICE

19, Sylvia Crescent, by Idiroko Bus Stop,

Anthony, Lagos.

Email: cismlafrica@charteredstrategicmanager.org,

cismlnigeria@charteredstrategicmanager.org

Website: www.charteredstrategicmanager.org

Tel: 09094632064, 08036682335

INTERNATIONAL PROFESSIONAL AFFILIATE IN YOUR CONTINENT/COUNTRY.

- CISML Africa
- CISML U.S.A
- CISML Asia
- CISML Europe

For CISML Official Use

Registration Number:

Date Received

Application Fee

Name & Signature of Officer:

Payment Receipt No.

Official Remarks