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MEMBERSHIP UPGRADING FORM

PERSONAL DATA _____ Chief/Dr/Mr./Mrs./Miss Name Date of Birth_____ Age_ (Full names in block letters, surname first) Personal Address Employer's Name & Address E-mail _____ Office Phone: GSM:__ Phone (Home)_____ Educational Qualifications (Institutions attended & Date____ Employment History (Current & Past) __Reporting To_____ Job Title NIMN Training/Development programmes attended to date Membership Status (Current Grade) - TICK ONE FELLOW MEMBER ASSOCIATE **GRADUATE** Date Admitted Membership New Grade Sought____ Reason for Request (Not more than one page) Attached_____ Completed form(s) should be returned with the detailed CV and photocopies of relevant educational qualifications to the above address. OFFICIAL USE Application received and acknowledged by_____ Recommendation

Signature _

Date