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THE INSTITUTE OF MASS COMMUNICATION AND INFORMATION MANAGEMENT OF NIGERIA

(Established under CAMA I, Cap 59 of 1990)

ADMINISTRATIVE OFFICE

Ta-ikko Plaza,
Suite 2, UU 1 Lagos Street/
Kazaure Road,
Kaduna - Nigeria.

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MEMBERSHIP APPLICATION FORM

SECTION A (PERSONAL DATA)

1. Surname _____
2. Other Names _____
3. Date of Birth _____ Sex _____ State of Origin _____
4. L.G.A. _____ Nationality _____
5. Address for Correspondence _____

6. Telephone _____ E-mail _____
7. Residential Address _____

8. Name & Address of Present Employer _____

9. i. Present Occupation _____
9. ii. Position/Rank _____
10. Name & Address of Next of Kin _____

SECTION B
ACADEMIC/PROFESSIONAL QUALIFICATIONS

(i) ACADEMIC QUALIFICATION

Serial No.	Institutions Attended	Course of Study	Grade Obtained	Year of Graduation
1.				
2.				
3.				
4.				
5.				

(ii) PROFESSIONAL QUALIFICATIONS

Serial No.	Name of Professional Body	Category of Membership	Year of Graduation
1.			
2.			
3.			
4.			
5.			

This form must be signed by a member of the INSTITUTE or HOD of a Dept. in the University/Polytechnic/College of Education/Senior manager/Director of your organization.
I, (Mr., Mrs., Chief, Dr. Prof.....
Position.....
Address (Not P. O. Box).....
Strongly Recommend:.....
As a man or woman of integrity, to your institute for admission into Certified/Associate/Graduate/Student membership status.

Signature:.....

Date:.....

Official Stamp

SECTION D

- i. Why do you want to be a member of the institute?.....
- ii. What contribution can you make or give towards the advancement of the institute.....
- iii. Would you be a faithful member?.....
- iv. What category do you wish to subscribe for? Certified/Associate/Graduate/Student Membership

DECLARATION

I solemnly declare as correct all information contained herein and accept liability for any incorrect information and also concede that the Institute has the legal right to verify from the corresponding authority regarding the authenticity of the attached certificates or qualifications claimed by me. I also concede to the Institute to make a written confirmation to and from all sources desirable for the purpose of establishing fact on information supplied by me.

Signature

Date:.....

FOR OFFICE USE ONLY

VERIFICATION UNIT:

Date of Collection of Form: _____

Receipt Number: _____

Date of Verification of Certificate: _____

Verification Officer: _____

Recommendation/Remark: _____

Payment Details: (i) Application Form Fees: _____

(ii) Direct Membership Fees: _____

(iii) Development Levy: _____

(iv) Annual Subscription: _____

(v) Induction Fee: _____

FINAL APPROVAL

Registrar 1 Date.....

President 2 Date.....

Council Member 3 Date.....

NOTE

1. Submit this form at the centre of purchase
2. Attach all photocopies of your credentials
3. Make sure you get this form signed from a member of the institute or as in Section C.
4. Two (2) recent passport size photographs.