



INSTITUTE OF CAPITAL MARKET ANALYSTS

4, Little Road, Yaba, Lagos. Tel: 08033008457, 08037271366, E-mail: capitalmarketanalysts@gmail.com

MEMBERSHIP APPLICATION FORM

Affix Recent
Passport
Photograph
here

1. PERSONAL DATA

- a. Surname.....
- b. Other Names
- c. Address
-
- Postcode Country h. Telephone No
- d. Date of Birth
- e. Age I. E-mail Address
- f. Sex
- g. Nationality

2. EMPLOYMENT

S/N	NAME OF EMPLOYER	MAIN BUSINESS OF EMPLOYER	DURATION OF EMPLOYMENT		POSITION HELD
			From	To	

3. EDUCATION

Schools attended	Examination passed	Level	Grade	Date awarded

4. PROFESSIONAL QUALIFICATIONS

Name of body	Examination Passed	Grade of Membership	Date awarded
.....
.....
.....
.....

5. SPONSOR

Name

Name of Organization

Address of Organization

Position Held

Signature

Date.....

6. DECLARATION

I,agree with the aims and objects of the Institute and will abide by its Memorandum and Articles.

I also promise that, in the event of my admission, I will be governed by the Rules and Regulations of the Institute, and its Code of Ethics and that I will accept as final and binding the decisions of the Governing Council on all matters dealt with by it in accordance with the provisions of the Rules and Regulations of the Institute.

I will advance the objects of the Institute by presenting papers and attending the programmes of the Institute as may be required by the Institute.

Date Signature of Candidate

Please attach your Curriculum Vitae

OFFICIAL USE ONLY

Comments.....

.....

Approved Grade:.....

Date of Approval:

Name and Signature of Approving Officers

Name.....

Signature.....

Name.....

Signature.....



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FELLOWSHIP APPLICATION FORM

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			From	To	

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Schools attended	Examination passed	Level	Grade	Date awarded

4. PROFESSIONAL QUALIFICATIONS

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Comments.....

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Date of Approval:

Name and Signature of Approving Officers

Name.....

Signature.....

Name.....

Signature.....