



Motto: God the greatest Geographer

**ICGN**

RC 850620

## THE INSTITUTE OF CERTIFIED GEOGRAPHERS OF NIGERIA

(Formerly Institute Of Geographers of Nigeria, Limited by Guarantee)

**NATIONAL HEADQUARTERS:** BZ 1&2 Sardauna Crescent, 1<sup>st</sup> Floor, ICEN Wing, Off Junction Road, P.O. Box 4333, Kaduna State,  
Tel: 062-886894, 07028466118, 08029139010 E-mail:certifiedgeographers@yahoo.com

### AFFILIATE ASSOCIATE MEMBERSHIP REGISTRATION FORM

#### SECTION "A"

#### APPLICANT PERSONAL DATA

1. Name of Candidate in block:.....
2. Place of birth:..... Sex:..... Year .....
3. Local Government Area:.....
4. State of Origin:.....
5. Next of Kin .....
- .....
6. Permanent Postal Address:.....
7. Residential Address:.....
8. Home Address:.....
9. Telephone Number, if any:.....
- 9b. Amount enclosed in words:.....  
No:..... Date:.....
- 9c E-mail Address: .....

#### SECTION "B"

#### EDUCATIONAL QUALIFICATIONS

10. Primary School Attended:.....
11. Year passed out ..... Sex:..... Year .....
12. Certificate obtained.....
13. Secondary School Attended.....
14. Year passed out ..... Sex:..... Year .....
15. Certificate obtained.....
16. Higher Institution Attended.....
17. Year of Graduation:.....
18. Course Offered .....
19. Certificate obtained.....
20. Final grade of certificate:.....

**SECTION "C"**  
**PROFESSIONAL QUALIFICATION**

- 21. Do you belong to any of the professional institution like ours?.....  
(Yes) or (No)  
If yes name of the institute:.....
- 22. Your status in the institute:.....
- 23. Quote your membership number of the institute .....
- 24. Year of qualification:.....

**SECTION "D"**  
**WORKING EXPERIENCE**

- 25. Nature of work:.....
- 26. Position/Rank.....
- 27. Name of the organization:.....  
.....
- 28. RECOMMENDATION:

This form must be signed by a member of the INSTITUTE or HOD's of University/Polytechnic/or College of Educations/or Senior Manager's/or Director's I, (Mr., Mrs., Chief, Dr, Prof.).....  
Position:.....  
Address: (Not P.O. Box).....  
Strongly Recommended:.....  
As a man of integrity, to your institute for admission into full membership status.

Signature:..... Date:.....

Official stamp:

**SECTION "E"**  
**MISCELLANEOUS INFORMATION**

- 29. Why do you want to join the institute?.....
- 30. How faithful would you be if admitted as a member?.....
- 31. Would you pay up your yearly subscription at the appointed period?.....
- 32. Which level of the institute have you applied for?.....  
(Graduate membership) or(associate) tick one please.

**SECTION "F"**  
**DECLARATION**

- 33. I, .....

Solemnly declare that all the information given by me in this application form are true and correct, that the institute has a constitutional right to verify from the corresponding authority of the attracted certificates or qualifications claimed by me, that I will be all means abide by the constitutional BYE-LAW establishing the institute to maintain and to keep to the professional ethics, integrity and competence of the **Certified Geographers**.

Signature..... Date:.....

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**FOR OFFICE USE ONLY**

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**VERIFICATION UNIT:**

Certificate verified by .....

Date of verification:.....

Recommendation:.....

Amount paid.....

**FINAL APPROVAL**

Director General/Chief Executive	1.....	Date:.....
Registrar	2.....	Date:.....
President	3.....	Date:.....

1. Photocopy Receipt of purchase
  2. Birth Certificate
  3. Submit this form at the centre of purchase
  4. Attached all photocopies of your credentials
  5. Attach a bank draft for the full payment,
  6. Make sure you get this form sign from a member of the institute or as in item, 28
- All completed form must be accomplished with full payments of fees to the National Secretariat

**FEES ONCE PAID, NOT REFUNDABLE  
(CASH PAYMENT NOT ACCEPTABLE IN ALL CO-ORDINATING UNITS  
EXCEPT AT THE NATIONAL SECRETARIAT)**

*For more information please contact:  
08057243660, 08035866225, 08029139010*