



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

**YOUNG GEOGRAPHERS MEMBERSHIP FORM  
(For SS1 to SS3 only)**

**SECTION "A"  
APPLICANT PERSONAL DATA**

1. Family Name:.....Other Names.....
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. Telephone Number, if any:.....
9. Email: .....
- 9b. Amount enclosed in words:.....
- No:..... Date:.....

**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. SUBJECTS OFFERING AT YOUR "O" LEVEL**

S/N	LIST OF SUBJECT	PERFORMANCE	REMARK

**SECTION "C"**

**17. TO BE FILLED BY FINAL YEAR STUDENTS IN SS3 ONLY**

S/N	SUBJECTS	MOCK GRADE	SSCE RESULT	REMARK

- 18. Why do you pick interest in GEOGRAPHY?.....
- 19. What is your chosen University?.....
- 20. What is your score in the recent UTME?.....
- 21. Do you need the institute assistance in the area of admission into University? YES OR NO
- 22. Will you be committed to the institute activities? YES OR NO
- 23. In (5) sentence write your story.  
.....  
.....  
.....  
.....  
.....

- 23 Name of Next of Kin and address .....
- .....
- 24 Relationship to Next of Kin .....

**RECOMMENDATION:**

This form must be signed by a member of the INSTITUTE or Principal of Secondary School  
(Mr., Mrs., Chief, Dr, Prof.).....  
Position:.....  
Address: (Not P.O. Box).....  
Strongly Recommended:.....  
As a youth of integrity and hardworking to your institute for admission into student membership status.

Signature:.....

Date:.....

Official stamp:

**SECTION "F"  
DECLARATION**

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:.....

**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, 08185474179*