



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, 1st Floor, ICEN Wing, Off Junction Road, P.O. Box 4333, Kaduna State,
Tel: 062-886894, 07028466118, 08029139010 E-mail:certifiedgeographers@yahoo.com

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:.....

FOR OFFICE USE ONLY

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***