

Declaration

I affirm that the information provided above is true and that I should be held liable if any of the information is found incorrect or misleading

Name: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Recommendation

Name: _____

Signature: _____

Date: _____

CORPORATE INFORMATION

The Institute of Strategic Management, Nigeria (ISMN) is a professional management association, which specializes in strategic leadership and governance. The Institute was established in 2003 as an independent, non-governmental, non-profit-professional organization.

VISION

To be a world class international Professional body, a Pan-African best reference in Strategic Management, and a key player in positioning Nigeria and Africa for leadership in global economy.

MISSION

To advance and promote knowledge and skills in the practice of strategic management, strategic leadership, strategic entrepreneurship and governance as a profession; through research, publications, education, training, certification, induction and regulation of students and members.

FAITH FORCE

The following faith statements inspire and drive our decisions and actions:

We see no limit to what we can be
 We see no limit to what we can do
 We see no limit to what we can have

BECAUSE

We see no limit to the power of God
 We see no limit to the power of our mind, and
 We see no limit to the power in the word of God

ADMINISTRATIVE OFFICE:

Plot 1A, Block B8, CMD/Jubilee Road,
 Magodo Brooks, Magodo, Lagos.
 info@ismng.org, ismprofessional@yahoo.co.uk



INSTITUTE OF STRATEGIC MANAGEMENT, NIGERIA

www.ismng.org

Membership Application Form

(Completed form should be returned to the Registrar,

ADMINISTRATIVE OFFICE:
 Plot 1A, Block B8, CMD/Jubilee Road,
 Magodo Brooks, Magodo, Lagos.

A. PERSONAL INFORMATION

1. Name: _____

Surname: _____

First name: _____

Middle name: _____

2. Date of Birth: _____

3. State of Origin: _____

4. Sex: _____

5. Contact Address: _____

6. Telephone: _____

7. E-mail: _____

B. EDUCATIONAL INSTITUTIONS ATTENDED

1. _____

2. _____

3. _____

4. _____

C. ACADEMIC QUALIFICATIONS

1. _____

2. _____

3. _____

4. _____

D. PROFESSIONAL QUALIFICATION

1.

2.

E. EMPLOYMENT HISTORY

(Including Designation)

1. _____

2. _____

3. _____

F. CATEGORY OF MEMBERSHIP APPLIED FOR (Please Tick)

1. Associate

2. Full Member

3. Fellow

G. CHECK LIST (Please Tick)

1. Completed Application Form

2. Curriculum Vitae

3. Copies of Credentials

4. 2 recent passport photos

H. REFEREES (Must be full members of recognized Professional Association or Senior Civil Servants on GL 12 and above or serving or retired military officer of the rank of Colonel and above)

1. Name: _____

Office Address: _____

Level/Rank: _____

Telephone: _____

2. Name: _____

Office Address: _____

Level/Rank: _____

Telephone: _____
