

# INSTITUTE OF HEALTHCARE MARKETING OF NIGERIA

(Registered by the Government of the Federal Republic of Nigeria by Guaranty – Certificate of Incorporation No.1964520)

## MEMBERSHIP REGISTRATION FORM

1. Dr/Mr/Mrs/Miss.....  
(Surname first)

Current Address.....

Telephone No.....

Name & Address of present Employer.....

2. Present Status in Employment.....Salary.....

3. Job Details

Status	Employer	From	To
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

4 Brief description of your present functions:  
.....  
.....  
.....

5 Additional qualifications, if any

Institutions attended	From	To	Qualifications Obtained
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

6 Workshops/ Conferences/ Symposia, etc. Attended.....  
.....  
.....

7 Membership of other Professional bodies .....

8 Classification desired.....

9 Any other relevant information (e.g Membership of National/ State Executive Committees, Publications, Contribution (s) to the development of standards of Health Management, etc., Etc.  
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.....  
.....

(Use an additional sheet of paper, if necessary)

**Declaration**

I hereby declare that the foregoing statements are correct to the best of any knowledge. If upgraded to a higher grade, I promise to abide by the Article of Association and Bye-Laws as they may be approved from time to time by the institute of Health Service Administrators of Nigeria.

.....  
Application's Sign

.....  
Date

**Recommendation (To be completed by two people of good standing, who should be Financial Members)**

(1) FULL NAME:.....  
GRADE IN THE INSTITUTE.....CERTIFICATE NO.....  
POSTAL ADDRESS.....  
SIGNATURE..... DATE.....

(2) FULL NAME.....  
GRADE IN THE INSTITUTE..... CERTIFICATE ON.....  
POSTAL ADDRESS.....  
SIGNATURE..... DATE.....

For advancement of licentiate, or associate, one of the recommendations must be from an Associate or Fellow. For advancement to Fellow, both recommendations must be from fellows.

\*(In case there is any difficulty, please contact the Secretary General immediately.)

**(FOR OFFICE USE ONLY)**

Date Application Form received.....

Date Application approved by Membership Committee.....

Application upgraded as.....

Fees Payable.....

Outstanding Fees, if any.....