



PROFESSIONAL LEADERSHIP PRACTITIONERS INSTITUTE

Membership Application Form

(This form must be accompanied by an application fee of N5,000.00 only, payable to Professional Leadership Practitioners Institute Account 2031126290, FIRST BANK PLC)

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Section 1

General Information

Surname	First Name	Other Names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title, (Mr, Mrs, Miss., Dr etc)	Date of Birth (Day/Month/Year)	Nationality	State of Origin
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name & Address		Address for Correspondence	
<input type="text"/>		<input type="text"/>	
Telephone Number(s)	E-mail Address		
<input type="text"/>	<input type="text"/>		
Job Title	Nature of work		
<input type="text"/>	<input type="text"/>		

Section 2

Academic & Professional Qualifications

In Support of your application please submit a copy of your CV along with photo copies of your academic and professional certificates (Including NYSC Discharge / Exemption certificate) with this application. DO NOT ENCLOSE ORIGINAL DOCUMENTS

Academic Qualifications-indicate your academic Qualifications, starting with the highest (Degree A-level/O-level/others)

Names of Institutions	Certificate/Degree obtained (Quote discipline)	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Profession(e.g) Medicine, Law, Engineering, Architecture, Insurance, (etc.)

Professional Qualification (eg: ACA, ACIB, MINSE, MRCP, MPSN, MCIPS, AIMLS, ACIL, AIPM, etc.)

Names of Institutions / Examining Body	Qualification Obtained	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3

Employment History

List the last THREE (3) positions you held in your employment history, beginning with the current (use additional sheet if necessary)

1. Name of Organization	Position Held	Date (from-to)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Responsibilities		
<input type="text"/>		
2. Name of Organization	Position Held	Date (from-to)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Responsibilities		
<input type="text"/>		
3. Name of Organization	Position Held	Date (from-to)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Responsibilities		
<input type="text"/>		
Signature	Date	
<input type="text"/>	<input type="text"/>	

Section 4

Sponsor

(Use additional sheets if necessary)

Please give the name & full address of ONE sponsor. Your sponsor must be a professional member of the Institute or your Departmental Head, who has knowledge about your professional responsibilities, and should not be related to you. Your sponsor is your Referee

Name of Sponsor	Membership Grade
<input type="text"/>	<input type="text"/>
Address (including Telephone and email address)	Position in Organization
<input type="text"/>	<input type="text"/>
Signature/Date	Date of Election
<input type="text"/>	Membership No.
<input type="text"/>	<input type="text"/>

Section 5

Declaration

Have you ever been convicted of criminal offence? YES NO Have you ever been dismissed from any organization? YES NO

Give details

I declare that the information given herein is correct to the best of my knowledge, I agree to be bound by the Rule and Regulations of the Professional Leadership Practitioners Institute as they now exist, and as they may hereafter be amended

Signature of the applicant _____ Date: _____

Complete and return to:

The Director General,
Professional Leadership Practitioners Institute
Jackson Kargbo Suite, 6th Floor, Mandillas Building, 35, Simpson Street, Lagos Island
Tel. (234) 813 580 6271
Email: info@plpinstitute.org
Website: http://www.plpinstitute.org/

Right Thumb

For Official Use		Registration Number:
Data Received	<input type="text"/>	<input type="text"/>
Payment Receipt No.	Application fee	Name & Signature of Officer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Official Remarks	<input type="text"/>	