



THE INSTITUTE OF CUSTOMER RELATIONSHIP MANAGEMENT

(Chartered Institute of Customer Relationship Management House Bill No. 736)

And

Approved by the Federal Ministry of Education

MEMBERSHIP APPLICATION FORM

Please attach 2 fresh photographs and duly attested copies of the academic & professional certificates
Please e-mail or fax it the registrar's office. You may also scan the signed application and document in
email attachment to the registrar of the institute.

Lecture Centre..... State.....

Are you applying as regular or direct Membership Candidate.....

Have you previously been enrolled with any institute on this field? Yes () No ()

Have you done any training course in Customer Services?.....

PERSONAL DETAILS

Name:.....
Surname Middle Name Other Names

Sex:..... Marital Status.....

Date of Birth..... Place of Birth.....

Physical Mailing Address.....

E-mail..... Tel

Nationality.....State of Origin.....

HIGHER EDUCATION QUALIFICATION WITH DATES

Please attach copies of degree, certificate etc.	Date
Primary School:_____	
Secondary School:_____	
Polytechnic / University:_____	

PROFESSIONAL MEMBERSHIP QUALIFICATION

S/N	Name of the Professional Institute (if any)	Membership Grade

B.S.C AND MBA DEGREE PROGRAMMS

Please tick the course you wish to apply for:-

B.Sc Customer Service

B.Sc Business Administration

MBA Customer Relationship Management

B.Sc Marketing

MBA Customer Service Management

Others (Pls, specify)

EMPLOYMENT DETAILS IF EMPLOYED

Name of Organization.....

Business Address.....

Telephone Date Appointed.....

DECLARATION OF THE APPLICANT

I hereby certify that the information provided in this application is complete and correct

I agree that the Institute may verify the details of my qualifications if necessary. I undertake

to abide by all the status, by-law, rules and the instruction of the institute and shall pay all

fees & dues for the membership that I am applying for. I also understand that the Institute

is global in nature and is not required to meet with any specified requirement of any specific country.

Signature of the applicant..... Dated

RECOMMENDATION

Referees (must be member of the following professional bodies) CISM, CIWM, ICRM, ACA, ACCA CISP, NIPR CPA, LLB, ICSA, CCSP, CSTI etc

MR/MRS.....

CONTACT ADDRESS.....

OCCUPATION.....

POSITION.....

INSTITUTE DESIGNATION (FELLOW/FULL MEMBER/ASSOCIATE) MEMBERSHIP NO.....

PHONE NUMBER.....

.....
Signature

.....
Date

COMPLETED FORM MUST BE SUBMITTED WITH THE FOLLOWING DOCUMENTS

(a) 2 Recent Passport Photographs(c) 2 (Two) self addressed stamped envelopes

(b) Photocopy of certificates(d) Photocopy of receipt/teller

BANK DETAILS:-

ALL PAYMENT TO BE MADE TO INSTITUTE OF CUSTOMER RELATIONSHIP MANAGEMENT WITH THE FOLLOWING ACCOUNT DETAILS

 Account No. 0006609089	 Account No. 2026105668	 Account No. 1013977073	 Sterling Bank. The one-customer bank. 0028489792
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FOR OFFICE USE ONLY

Remarks:_____

SUBMISSION OF FORMS AND OTHER CORRESPONDENCE SHOULD BE ADDRESS TO:
THE INSTITUTE OF CUSTOMER RELATIONSHIP MANAGEMENT

No.3, Ijaiye Rd., Opp. Mr. Biggs/Mobil Filling Station, Ogba Odo-Eran, Ikeja, Lagos State.

Tel: 07025725490, 09099175136

Branch Office: 102 Oyemekun Rd., Oyemekun Grammar School, Akure, Ondo State. Tel: 09099175135

E-mail: icrminfo@yahoo.com; website: www.customermgt.org

Face book ICRM Nigeria