The Aigerian Institute of Shipping

National Secretariat: 32, commercial Road, Apapa. P.O. Box1548, Apapa, Lagos-Nigeria. E-mail: Info@nisngeria.org, nishipping@yahoo.com Website www.nisnigeria.org Tel: 234-7023331117 MEMBERSHIP APPLICATION FORM : PLEASE PRINT IN CAPITAL LETTERS SECTION A BIODATA passport photographs (2) SURNAME: OTHER NAMES: INITALS: DATE OF BIRTH: STATE OF ORIGIN: PLACE OF BIRTH: NATIONALITY: GENDER (Please tick) MALE FEMALE CONTACT ADDRESS: PHONE NO (S): E-MAIL ADDRESS: ACADEMIC QUALIFICATION SECTION B CERTIFICATE OBTAINED NAME OF SCHOOL YEAR

SECTION C (WORKING EXPIRIENCE)

NAME OF ORGNIZATION	POSITION	DATE (FROM / TO)
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DECLARATION BY THE APPLICANT

I hereby declare that the above accurate in every details and the best of my knowledge, should make an attempt to give information, I should be satisfied with consequences my application being cancelled and my Membership withdrawn if any. I authorized the Nigerian Institute of Shipping to obtain official records from any educational institute mentioned above and the employers.

Signature of applicant		Date
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	I SEND ANI SODSCRIPTI	
2. Documents attached (Ce	ertificate/testimonials)	
(A)		
(B)		
(C)		
(D)		
Received by		
Recommended by		

CHAIRMAN, MEMBERSHIP BOARD