**Nigerian Institution of Marine Engineers and Naval Architects**

 **A DIVISION OF**

**The Nigerian Society of Engineers**

|  |
| --- |
|  |

|  |
| --- |
| **C:\Users\lgshuz\Documents\PHOTO.PNG****INSTRUCTION**: [complete the formelectronically, insert JPEG passport/signature in their separate boxes and return the completed form in wordformat via our official email address]**Note: Be environment friendly. Avoid**  **Printing hard copies**. |

 

 National Secretariat: 8 Liverpool Road, Apapa, Lagos.

 Email: nimenahqt@nimena.org.ng, info@nimena.org.ng

 Tel: +234 708150 0161

MEMBERSHIP APPLICATION FORM

1. **PERSONAL DETAILS** [Please complete in block letters]

NAME:

|  |
| --- |
|  (**SURNAME**) (**OTHER NAMES**) |

PERMANENT ADDRESS:

E-mail ADDRESS:

TELEPHONE No.:

DATE OF BIRTH: SEX:

NATIONALITY:

1. **MEMBERSHIP** [Mark X inside box or indicate your preferred Chapter – Lagos, Eastern as applicable]

MEMBERSHIP TYPE: **CORPORATE** **ASSOCIATE** **GRADUATE**

 **STUDENT** **CORPORATE FIRM** **CHAPTER**

1. **MEMBERSHIP OF OTHER PROFESSIONAL BODIES**[Please attach evidence)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | **NAME OF PROFESSIONAL BODY** | **MEMBERSHIP TYPE** |  **MEMBERSHIP No.** | **EFFECTIVE DATE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **ENGINEERING COUNCIL REGISTRATION STATUS** [Please attach evidence]

COREN OTHERS [Please specify]

 [***Quote Reg. No***.] [***Quote Reg.No***.]

1. **ACADEMIC QUALIFICATION** [Please attach certificates]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **NAME OF INSTITUTION** | **QUALIFICATION** | **NAME OF COURSE** | **YEAR OF AWARD** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **EMPLOYMENT HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **EMPLOYER** | **POSITION/RANK** | **PROJECTS CARRIED OUT** |  **DATE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **DECLARATION**

The applicant confirms that the information given in this application form are to the best of my knowledge complete and accurate.

 SIGNATURE: DATE

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICIAL USE ONLY**

DATE APPLICATION RECEIVED:

DATE APPLICATION REVIEWED:

**RECOMMENDATION:**

|  |
| --- |
|  |

MEMBERSHIP No.

NAME/SIGN: DATE

 CHAIRMAN, MEMBERSHIP COMMITTEE

NAME/SIGN: DATE

 NATIONAL CHAIRMAN