



NIGERIA INSTITUTE OF SOCIAL MEDIA ANALYSTS (NISMA)

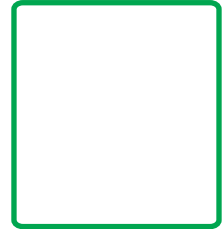
SCHOOL ADDRESS: NIGERIAN POLICE SCHOOL OF PUBLIC RELATIONS AREA 11, OPPOSITE POLICE FORCE HEADQUARTERS ABUJA

ANNEX OFFICE: SUITE 311, 3RD FLOOR ANBEEZ PLAZA OPPOSITE OLD CAC OFFICE WUSE ZONE 5, FCT ABUJA

Info@nisma-inc.org www.nisma-inc.org

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APPLICATION FOR NISMA MEMBERSHIP BY EXEMPTION



(Please note that all the information requested below, to be treated as confidential by the Institute, must be correctly and fully supplied by you. Failure to do so will disqualify your application)

1.0 PERSONAL DETAILS

1.1 _____
Surname

1.9 Physical Contact Address

1.2 _____
Other Name

1.3 _____
Sex (Male/Female)

1.4 _____
Date of Birth

1.10 Postal Address

1.5 _____
Marital Status (Married/Single)

1.6 _____
Title (Chief, Lolo, Dr, Etc)

Mastering Career Around Social Media

1.7 _____
Nationality

1.11 _____
Telephone Number

1.8 _____
State of Origin (If Nigerian)

1.12 _____
E-mail

1.15 _____

Membership Category

1.16 _____

Facilitator/State

1.17 _____

Area of Specialization

2.0 BASIC EDUCATIONAL QUALIFICATION

2.1 Name of Examination: _____
(WASSCE/GCE/SSCE/NECO etc)

2.2 Detailed Results:

Year	Subjects	Grade

Year	Subjects	Grade

3.0 HIGHER ACADEMIC/PROFESSIONAL QUALIFICATIONS

Name of Awarding Institution	Discipline	Qualification	Grade	Year Graduated

4.0 PASS AND PRESENT EMPLOYMENTS

Name/Address of Employers	Position Held	Date Employed	
		From	To

5.0 SUPPORTING DOCUMENTS

Submit complete form with each of the following items, without which application for admission will not be processed.

- 5.1 Copy of receipt evidencing purchase of this form
- 5.2 Copy of Birth Certificate Affidavit
- 5.3 Copy of each Educational Qualification
- 5.4 Two (@) Recent Passport Photographs
- 5.5 One Self-Addressed Prepaid Courier Delivery Way Bill
- 5.6 Copy of CV

6.0 DECLARATION

- 6.1 I declare that information given in this form is correct.
- 6.2 I enclose:
 - (a) a photocopy of each of the qualifications claimed in Paragraph 5.0
 - (b) 2 recent passport photographs of myself.
- 6.3 I undertake if elected and so long as I remain elected to observe and abide by the rules and regulations of the institute. I also accept that once fees are paid, no refund will be made under any circumstance.
- 6.4 Finally, I pledge to be of exemplary conduct and to pay my annual subscription and other financial obligations to the Institute as and when due. I accept that my membership in the Institute shall automatically elapse if the Council of the Institute shall at anytime without assigning any reason declare me as unfit to be a member of the Institute; or if I default in payment of annual subscriptions and other fees whether formally demanded or not.

Signature of Applicant

Date

7.0 MEMBERSHIP COMMITTEES RECOMMENDATION TO THE GOVERNING COUNCIL

Signature of Chairman. Membership Committee

Date

8.0 DECISION OF THE GOVERNING COUNCIL

Signature of Secretary to Council

Date