



INSTITUTE OF BUSINESS DIPLOMACY AND FINANCIAL MANAGEMENT

(Established under the Companies and Allied Matters Act 1990)
(Approved by the Federal Ministry of Education and Federal Ministry of Justice)

**Affix 2 Recent
Passport
Photographs. Write
your name at the
back of the
Passport.**

MEMBERSHIP APPLICATION FORM

This form must be accompanied by an application fee of N5,000 payable by cash or to IBDFM A/C with FIRST BANK NIGERIA PLC : 2032406601, CV and Photocopies of credentials.

SECTION A: APPLICANT'S PERSONAL DETAILS (PLEASE WRITE IN BLOCK CAPITALS)

Title	First Name	Middle Name	Surname	
Date of Birth	Gender	State of Origin	Local Government Area	Nationality
E-mail Address		Telephone Number	WhatsApp Number	
Official / Business Address				
Residential Address				

SECTION B: CATEGORY OF MEMBERSHIP APPLYING FOR (Please tick as appropriate)
(SUBJECT TO CHANGE ON THE RECOMMENDATION OF THE MEMBERSHIP COMMITTEE)

Fellow **Senior** **Full** **Associate** **Graduate**

SECTION C: EDUCATIONAL INSTITUTIONS ATTENDED WITH DATES & QUALIFICATIONS OBTAINED

Schools attended (Beginning with Tertiary)	Certificates obtained and Discipline	Year of Graduation

SECTION D: MEMBERSHIP OF OTHER PROFESSIONAL BODIES/ PROFESSIONAL QUALIFICATIONS

NAME OF INSTITUTE / PROFESSIONAL BODY	Membership Grade	Date Achieved

SECTION E - SUMMARY OF CAREER PROGRESSION/WORKING EXPERIENCE

[Please provide information on your career progression/working experience for the past five years]
(Commencing with your current post)

NAME OF EMPLOYER/ORGANIZATION	Job Title/Status	Date (From - To)

SECTION F - DECLARATION

I hereby declare that the statements made in this application are, to the best of my knowledge and belief, correct. I have had no conviction involving illegal activities or professional misconduct locally or overseas. I agree to abide by the Code of Professional Conduct of the Institute (please see our website for details), to maintain my Continuing Professional Development and to uphold the values and principles of the Institute

Signature: _____

Date: _____

SECTION G - REFERENCES

Please identify an appropriate referee, a responsible person of standing in the society, who knows you and your work well (for example, your course lecturer/H.O.D, a senior manager or officer at work or a member of the Institute).

I, the undersigned, recommend the above applicant, from personal knowledge, for membership of the IBDFM.

I append my initials against all statements by the candidate, which I can verify.

Name _____ Position _____

Organization/Company _____

Contact Tel No _____ Email _____

Signature: _____ Date: _____

If a member of the IBDFM - Membership Grade _____

Membership Number _____

For Official Use

Date Received _____

Date Processed _____

Membership/Grade Number _____

Signature/Date of Receiving Officer _____

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For further enquiries, please call: +234(0)8030609634, +234(0)8064395346 or +234(0)8027143603

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