



NATIONAL SECRETARIAT:

📍 79, Idimu Road, Alimosho,
Lagos State.

☎ +234 803 516 7902,
+234 703 965 4320

✉ ahrpnig@gmail.com

🌐 www.ahrpnig.org

MEMBERSHIP APPLICATION FORM



Surname:

Other Names:

Phone:

Email:

FOR OFFICIAL USE ONLY

Membership Requirements Check List

Membership Form

Passport (4)

N1,000 each for Dispatch

Photocopy of Receipt of Purchase

Photocopy of Credentials



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SECTION "A" APPLICANT'S BIO DATA



1. Surname (Block):

2. Other Names:

3. Place of Birth: Sex Male Female Date of Birth

4. Marital Status: Single Married Divorced Widowed

5. Local Government Area:

6. State of Origin: Nationality

7. Current Postal Address:

8a. Residential Address:

8b. Email Address: Telephone No.

9. Next of Kin's Name:

Address:

10: Amount enclosed in words

₦ Date:

SECTION "B"
EDUCATION QUALIFICATIONS

11. Secondary School Attended:
12. Year Passed Out:
13. Certificate Obtained:
14. Higher Institution Attended:
15. Year of Graduation:
16. Certificate Obtained:
17. PGD, MBA, MPA etc
18. School Attended
19. Year of Graduation
20. Professional certificates Obtained (If any)
- I ii iii

SECTION "C"
WORKING EXPERIENCES

21. Number of Years of Working Experience: Grade Level
(Applicable to Civil Servant)
22. Names of Previous and present Employer
- I
- ii
- iii
- iv

This form MUST be signed by a member of the ASSOCIATION or HODs of Universities / Polytechnics or Colleges of Education / Senior Manager or Director of a reputable establishment.

I, (Mr, Mrs, Chief, Dr, Prof:

Position:

Address P.O. Box):

As a man of integrity, to your Association for admission into the GRADUATE

ASSOCIATE. Full Member and FELLOW membership status,

Signature: Date:

SECTION "D"
MISCELLANEOUS INFORMATION

23. Why do you want to join the Institute?

24. How faithful would you be if admitted as member?

25. Would you pay up your annual subscription at the appointed period?

SECTION "E"
DECLARATION

26.1

Solemnly declared that all the information given by me in this application form are true and correct, that the Association has a constitutional right to verify from the corresponding authority regarding the authenticity of the attached certificated or qualifications claimed by me, that, I will by all means abide by the constitutional BYE-LAWS establishing the Association to maintain and to keep to the professional ethics, integrity and competence of " Association of Human Resources Practitioners of Nigeria"

Signature:

Date:

FOR OFFICIAL USE ONLY

VERIFICATION UNIT:

Certificates Verified by:

Date of Verification:

Recommendation: