



# Institute of Voluntary Sector Management

RC: 1134338

Building the capacity of the voluntary sector

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Affix  
2 Passport  
Photographs

## MEMBERSHIP APPLICATION FORM

Fill the Form detach and return back to us

Candidate's Name:  Surname  First Name  Middle Name

Date of Birth:  Sex: Male  Female

Nationality:  State of Origin:

L. G. A.:  Marital Status:

Residential Address:

Postal Address:

Telephone Contact:

E-mail:

Present Employment:

Employer's Name & Address:

### EDUCATIONAL HISTORY

School(s) Attended

Years of Study  Qualification(s) Obtained  Grade:

### CATEGORY OF MEMBERSHIP APPLIED FOR:

Student Member:  Associate Member:  Full Member:  Fellow:

Have you been a volunteer?  Yes  No

If Yes, How long?

### NEXT OF KIN

Name:

Address:

Telephone(s):

Relationship:

### FOR CORPORATE MEMBERSHIP

Organisation Name:

Organisation Address:

Contact Phone Number(s):

Alternative Phone Number(s):

No. of Employees (Paid Staff only):

### DECLARATION

I/We..... certify that I/we have read and understood all the information required in this application and the answers I/we have furnished on this form are true and correct to the best of my/our knowledge and belief. I/we understand that any false or misleading information or

Signature & Date: