



APPLICATION FORM

(FOR DIRECT MEMBERSHIP)

Certified Institute of Purchasing and Supply Administrators of Nigeria (CIPSAN)

I _____ hereby apply for Direct Membership
of The Certified Institute of Purchasing and Supply Administrators of Nigeria (CIPSAN)

I agree to accept CIPSAN decision regarding this application,

I have attached two passport photographs of myself, my C.V, and photocopies of my credentials.

Signature: _____ Date: _____

Please, check the square bracket for the Membership Level applied for:

Associate Member Member Fellow

Applicant Name:			Payment Slip Number:
Address:			
Date of Birth:	Sex: Male Female	Phone:	Branch of Zenith:
Email:			

BUSINESS INFORMATION

Name of Employer: (Present or Past)		
Address:		
Business Email:		Phone
Divisional Dept.:		Fax

Job Title		Date Employed
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BUSINESS INFORMATION

Name of Degree/Diploma/Membership	Year Obtained	Qualification

Print this form and pay a non-refundable application fee of N5,000 to CIPSAN at any Zenith Bank Branch.

Account Number: 1012710914

- Scan the completed form, to our e-mail: directmembership1998@gmail.com and wait for 4 days to receive confirmation of membership by e mail
- Bring or send by courier or express mail to Certified Institutes of Purchasing and Supply Administrators of Nigeria (CIPSAN) 2nd Floor, Victory Plaza, 57, Obafemi Awolowo Way, Ikeja, Lagos-Nigeria 07066399171, 08050407360
- Within 5 days of completing your CIPSAN Membership processing, your Certificate will be despatched to you by courier and Induction will follow at the a later time to be announced.
- Candidates with a Diploma, Advanced Diploma, Bachelors degree, Higher National Diploma, IGD and Other Professionals will be considered for Direct Membership of CIPSAN.

OPTIONAL



AMERICAN PURCHASING SOCIETY, INC.
A professional association of buyers and purchasing managers.

NORTH ISLAND CENTER, 8 EAST GALENA BLVD., SUITE 203, AURORA, IL 60506
P.O. Box 256, AURORA, IL 60507
(630) 859-0250 FAX: (630) 859-0270 www.american-purchasing.com

In addition to CIPSAN membership, I authorise CIPSAN to forward my details and package my direct membership admission now with The American Purchasing Society USA.

I shall pay the required APS Membership due to enjoy the benefit applicable

Name: _____

Signature

Date