



OPTIONAL

AMERICAN PURCHASING SOCIETY, INC.
A professional association of buyers and purchasing managers.
www.american-purchasing.com

APPLICATION FORM

(FOR DIRECT MEMBERSHIP)

Certified Institute of Purchasing and Supply Administrators of Nigeria (CIPSAN)
Victory Plaza, 57, Obafemi Awolowo Way, Ikeja, Lagos.
Tel: 08050407360, 08058248666, 07012448999 | Whatsapp: 09078755666

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:			
Address			
Date of Birth	Sex: Male <input type="checkbox"/>	Phone Numbers	Application Fee Payment Method
	Female <input type="checkbox"/>		Transfer <input type="checkbox"/>
Email			P.O.S <input type="checkbox"/>
			Teller <input type="checkbox"/>

BUSINESS INFORMATION

Name of Present Employer	Job Title	Date Employed
Divisional Department	Business Email	
	Phone Number	

INSTITUTION ATTENDED AND QUALIFICATION

	NAME OF INSTITUTION	QUALIFICATION	DATE

Print this form and pay a non-refundable application fee of N5,000 to **CIPSAN** to **ZENITH BANK** .

Account Number: 1012710914

- (1). Scan the completed form, to our e-mail: professionalmembership50@gmail.com and wait for 4 days to receive confirmation of membership by e mail
- (2). 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.
- (3). Candidates with a Diploma, Advanced Diploma, Bachelor’s degree, Higher National Diploma, PGD and OtherProfessionals will be considered for Direct Membership of CIPSAN.

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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**