



**AIPM**  
American Institute of  
Personnel Management

## AMERICAN INSTITUTE OF PERSONNEL MANAGEMENT

### MEMBERSHIP APPLICATION FORM

Please Tick the grade of membership you want to apply for:

Student  Graduate  Associate  Full  Fellow  Doctoral Fellow

**FULL NAME:**

**DATE OF BIRTH:**

**SEX:**

**STATE OF ORIGIN:**

**NATIONALITY:**

**MARITAL STATUS:**

**RELIGION:**

**CONTACT ADDRESS:**

**EMAIL ADDRESS:**

**LINKEDIN:**

**TELEPHONE:**

**MOBILE NUMBER:**

**PLACE OF WORK:**

**POSITION:**

**YEARS OF EXPERIENCE:**

**NEXT OF KIN:**

### EDUCATIONAL INSTITUTION ATTENDED WITH DATE

**SCHOOL:**

**NAME OF INSTITUTION:**

**CERTIFICATE OBTAINED:**

**YEAR:**

**PRIMARY:**

**SECONDARY:**

**COLLEGE:**

**POLYTECH:**

**UNIVERSITY:**

**POSTGRAD:**

**SIGNATURE:**

**DATE:**