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Name: _____
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Date of Birth: _____ Gender: _____ Nationality: _____

Tel: _____ Grade of Membership Apply _____

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Marital Status: _____

Residential Address: _____

Place of Work and Years of Experience: _____

Position at your Place of Work: _____

Primary & Secondary Education	Cert. Obtained	Date Awarded

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Professional Education / Membership	Cert. Obtained	Date Awarded

DECLARATION: For those outside Rivers State, Please email completed Application Form together with Scanned copy of Certificate, Degree Certificates, etc to: info@cifim.com.ng or membership@cifim.com.ng

Applicant's Signature: _____ Date: _____