



RC 37170

**ASSOCIATION OF BUSINESS SPECIALISTS
&
ENTREPRENEURS**

Membership Application Form



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&
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Membership Application Form

Why do you want to register with this association?

Section VII

DECLARATION

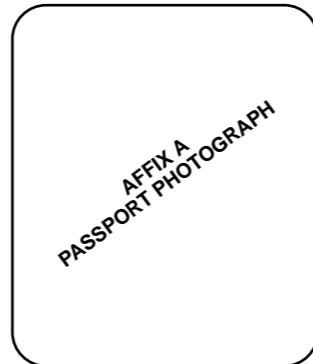
I Solemnly declare as correct all the information contained herein and accept liability for any incorret information given by me and accept that the Institute has the Legal right to verify, from the respective authorities, regarding the authenticity of the attached documents in claim of my qualification(s) herewith.

Signature

Date

NOTE:

1. Affix a passport photograph
2. Enclose photocopiers of your credentials



FOR OFFICE USE

Approval of Membership

Secretary to Council Date

Head of Programme Date

Registrar Date

PERSONAL DATA

Section I

Title

Name

Surname

Middle Name

First Name

Date of Birth

State of Origin

Local Govt. Area

Nationality

HOME ADDRESS

Street

City State

TELEPHONE

Office: Home

Mobile:

E-mail:

Marital Status

Address for Correspondence

Section II

NAME & ADDRESS OF PRESENT EMPLOYER

Name of organization

Street

City

Area

State

Area of specialization

Position

PREVIOUS EMPLOYMENT

Organization

Position

Year

Employees Controlled

Section III

EDUCATION

Institution 1

Qualification

Year

Institution 2

Qualification

Year

Institution 3

Qualification

Year

Section IV

FOR EXISTING ENTREPRENEURS

Name of Business/Firm

Nature of Business

Location

Use addition sheet or include CV where necessary

Address

Section V

MEMBERSHIP CATEGORY BEING APPLIED FOR:

Fellow

Full Membership

Associate

Vocational

Graduate Member

Pls. tick

Section VI

This form should be signed by your boss or Member of the Institute:

Title

Name

Position

Address

Strongly recommend

Name of Applicant

For Admission

Signature

Date

Office Stamp



RC 37170

ASSOCIATION OF BUSINESS SPECIALISTS & ENTREPRENEURS

Head Office
Suite 107, Ground Floor
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Beside Keystone Bank
Garki 2 Abuja
☎:08022226787, 08036322929

Head Office Annex
3rd Floor Nagwamatse House
Opp. UTC
48/50 Ahmadu Bello Way,
Kaduna, Kaduna State
☎:08174974551

STATE COORDINATORS/CONTACT PERSONS

ABUJA

Bola Rasheed
08056793154

LAGOS

Annabel Agbroko
08022220072

BAUCHI

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Dr. Nasiru Yauri
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08035056443

EDO

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KEBBI

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Ibrahim Iiyasu,
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