Membership Application

INSLEC

Member Information:	
Full-Name	
Contact Address	
Telephone Number	
Date of Birth	
Gender	Marital Status:
Nationality	
Email	
Occupation	
Highest Qualifications	
No of Year of Work Experience	

Next of Kin: Name, address, phone number, e-mail and relationship:

Membership Category (Tick as applicable to you)

Fellow Membership | Full Membership | Associate Membership | Associate Membership (Exams) | Graduate Membership | Student Membership | Corporate Membership

Membership of any other Professional body (State with year joined)

I declare that the information given herein is correct to the best of my knowledge and I also agree to be bound by the rules and regulation of the Institute of Leadership, Entrepreneurship and Corporate Governance in Nigeria as known, referred to and called, and as it may hereafter be amended.

Applicant's signature & Date

Checked and Recommended for further processing, all required documents hereby attached.

Liaising Officer's signature & Date

Registrar's Approval:

Kindly pay into the account below and attach your bank teller with your application form as evidence of payment
Bank Name: FIDELITY BANK
Account Name: **5600614313**
Account Number: Institute of Leadership, Entrepreneurship and Corporate Governance

NOTE: You are to attach the following documents with your application form:
*Bank Teller as an evidence of your payment.
*Copies of all credentials as claimed in your application form.
*Two recent passport photograph
*A detailed curriculum vitae clearly stating your work experience as claimed in your application form.