AFRICAN INSTITUTE OF STRATEGIC MANAGERS

Membership Application Form • Integrity • Professionalism • Accountability

APPLYING FOR (TICK ONE)

☐ Associate Member (AAISM)	☐ Full Member (MAISM)	☐ Fellow Member (FAISM)	☐ Honorary Fellow

PERSONAL INFORMATION

Surname | **First Name**

Date of Birth | **Passport No.** | **Email Address**

CONTACT DETAILS

Postal Address | **Postal Code**

Physical Address | **City / Town**

Country | **Telephone (Home)** | **Telephone (Work)**

Cell / Mobile

EMPLOYMENT INFORMATION

Current Employer | **Type of Business**

Address of Organization

Employer Phone | **Date First Employed** | **Present Position**

Date Appointed to Present Position | **No. of Staff Directly Responsible to You**

EDUCATION

List degrees, institutions and dates obtained

PROFESSIONAL TRAINING

List professional qualifications and training

EMAIL PREFERENCES

By providing your email address, you consent to receiving information from AISM and selected third parties. Tick a box below only if you wish to opt out.

- ☐ I do not want to receive information by email on events and services from AISM.
- ☐ I do not want to receive information by email from third parties.
- ☐ I do not want to receive information by email from my current employer via AISM.

DECLARATION

- ☐ I declare that the statements made herein are correct to the best of my knowledge and belief, and I agree to be governed by the bye-laws, regulations and Code of Conduct of AISM as they are now, and as they may be from time to time.
- ☐ I have read and accept the AISM Code of Ethics and Professional Conduct.

Signature **Date** **Membership No. (office use)**

*Please return the completed form to **contact.aism@gmail.com** or to the AISM Ghana / Nigeria office.*