



AFFIX YOUR
PASSPORT
HERE

INSTITUTE OF SECURITY, NIGERIA

APPLICATION FOR MEMBERSHIP

Please note that in certain circumstances, a candidate may be called for interview by the membership committee to establish that these requirements are met.

PART A - PERSONAL DETAILS

(Typewritten or block capitals)

1. Surname:.....Date of Birth / / /
Day Month Year
Title (if any), First Name(s)
Orders, Decorations and Professional qualifications:.....
Address.....
*Home / Office.....
.....Daytime Tel. No.....
2. Please state if you made any previous application for membership
YES / NO Date / /
Day Month Year
If YES add details:.....

3. Principal Profession or Occupation.....
.....
Present Post or Appointment:.....
Name and Address of Employer:.....
.....
Nature of Business of Employer:.....
.....

PART B - ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Please give below details of appropriate educational institutions attended, technical, academic and professional examinations passed.

4. EDUCATIONAL BACKGROUND / ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Schools and Colleges Attended

NAMES OF INSTITUTIONS	QUALIFICATIONS OBTAINED	DURATION/DATE

5. WORKING EXPERIENCE WITH DATE

NAMES OF EMPLOYER	POSITION/STATUS	DURATION/DATE

6. Membership of Professional or Occupational Institutions (and Divisions where appropriate)

TITLE OF BODY	DATE ADMITTED	GRADE

PART C – SECURITY, SAFETY AND PROTECTIVE SCIENCE EDUCATION

7. Knowledge of security safety and protective science and how acquired. (To include details of security courses attended/security exams passed and security books studied).

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The Committee may decide either to:-

1. Call the applicant for interview or
2. Invite the applicant to comment in writing on a nominated subject related to security and protective sciences and processes.

8. Declaration

I, the undersigned, hereby apply for admission to Membership of the **Institute of Security, Nigeria**, and do agree, if admitted, to comply with the rules and regulations and by any subsequent amendments and / or alternations thereto which may be made, and by any Regulations made or to be made for carrying them into effect. I hereby confirm that all information provided above are correct.

Signature:..... Date:.....

BEFORE
NOTARY PUBLIC/COMMISSIONER OF OATH

PART D – SPONSORSHIP

Every candidate for election as an Associate/Full member /Fellow shall be sponsored by two members of recognized professional Institutes who, from their personal knowledge of the candidate can support the application.

Where a candidate is unable to provide sponsors from the membership of professional Institutes he/she may give the name of two referees who must have known him/her professionally for a number of years. An approach will be made to the referees by the Membership Secretary. In either case, the names of sponsors/referees should be given in the space provided below.

9. **First Sponsor * /Referee ***
Address:.....
.....

I have known the candidate for a period ofyears, and I have read his/her completed application for membership. From my personal knowledge of the candidate, I recommend him/her as a fit and proper person for consideration by the Committee for membership of the Institute of the Institute of Security, Nigeria.

Signature.....Date / / /
 Day Month Year

10. **Second Sponsor * / Referee ***
Address:.....
.....
.....

I have known the candidate for a period ofyears, and I have read his/her completed application for membership. From my personal knowledge of the candidate, I recommend him/her as a fit and proper person for consideration by the Committee for membership of the Institute of the Institute of Security, Nigeria.

Signature.....Date / / /
 Day Month Year

Fellow* /Full membership/Associate

PART E – ADMINISTRATION

11. On completion of all preceding sections of this application it should be sent, together with supporting documentation (copies only please; they will NOT be returned to the candidate) to:

The Institute Security
The Institute of Security, Nigeria
2nd Floor,
Unilag Consult Building,
Commercial Avenue/Ransomekuti Road Junction
University of Lagos, Akoka, Lagos.
P.O. Box 2825 Sabo – Yaba, Lagos, Nigeria.

Together with evidence of payment made payable to:
Institute of Security, Nigeria

*Delete which ever is not applicable.

12. Records:

If you are accepted into membership, your records will be maintained on a Computer file and you are requested to give the following additional information to enable the computer in-put forms to be completed.

Section A - Surname first followed by an = sign, then the other names with a space between each.

Section J below - Your surname and address as you wish it to appear on any correspondence from the Institute.

13. KINDLY USE BLOCK LETTERS IN EACH SECTION.

[illegible]

14. Attachments

I attach the following certified true copies of certificates and documents in support of this application for membership

Copies of

Payment of N..... Signature.....

RECOMMENDATIONS.....Reference No.....Recd.

ACCEPTED QUALIFICATION.....Assessor's
Recommend.....Init.