



Attach a passport
size

APPLICATION FOR MEMBERSHIP

Please write clear using CAPITAL LETTERS

Surname:	Other Name(s):		
Title:	Date of Birth: / /	Gender:	
Contact Address:	Name of Organization:		
	Address:		
Nationality:			
State of Origin:	Telephone:		
Post Code:	Email:		
Mobile No.:	Area of Operations:		
E-mail:	Current Job Title:		
Type of Identification Document & NO:	Date Appointed to Current Position:		

DETAILS OF REFEREES

This section must be completed by two referees, one not below the management cadre in your organization, and the other, an active CILT member, not below the grade of CMILT.

S/N	Name of Referee	Organization Name/CILT Branch	Designation	Signature
1.				
2.				

Declaration

I Certify that the statements on this form are correct. I promise that in the event of my acceptance into the Institute, I will be governed by the Code of Professional Conduct and Bye-laws of the Institute and will promote the objectives of the institute as far as shall be in my power.

Signature: _____ **Date:** _____

IMPORTANT INFORMATION

Please send copies of your detailed curriculum vitae, academic/professional certificates, National ID or International Passport. In support of your application, submit proof of payment.

Pay Application fee to:

Account Name: Chartered Institute of Logistics and Transport
Sterling Bank: 0010864826 OR Zenith Bank: 1012328070

For Official use Only	Date Received		Application Fee Paid	
Proof of Academic/Professional Qualifications Attached and Certified			Approved (Yes/No)	
Signature of National Executive Director			Date Signed	