



## APPLICATION FOR STUDENT MEMBERSHIP

Please write clear using CAPITAL LETTERS

Surname:		Other Name(s):	
Title:	Date of Birth: / /	Gender:	
Contact Address:	Mobile Number:		
	Email:		
	Post Code:		
Nationality:	State of Origin:	Type of Identification Document & NO.	

Name of Institute:	Faculty:
Department:	Name of Head of Department:

### DETAILS OF REFEREES

*This section must be completed by two referees, one an academic supervisor and the other a Head of Department.*

*I have read the particulars of the form which to the best of my knowledge and belief are true and recommend the candidate to the Council for admission as a Student Member of the Chartered Institute of Logistics and Transport.*

S/N	Name of Referee	Faculty/Department/Name of Institute	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 TO THIS APPLICATION FOR MEMBERSHIP

Please send copies of your detailed curriculum vitae, academic/professional certificates, admission letter, Student ID, 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	Registration Fee Paid	
	Proof of Admission Letter Attached and Certified (Yes/No)		Approved (Yes/No)
	Signature of National Executive Director		Date Signed