



APPLICATION FOR MEMBERSHIP UPGRADE

Please write clear using CAPITAL LETTERS

Surname:	Other Name(s):	
Mr./Mrs./Dr./Prof./Other Title:	Date of Birth: / /	Gender:
Contact Address:	Nationality:	Post Code:
	Mobile No:	
	Email:	
	Type of Identification Document & NO:	

Name of Organization: Address: Telephone: Email:	Area of Operations:
	Date Joined Organization:
	Current Job Title:
	Date Appointed to Current Position:
	Number of Years of Experience in Logistics and/or Transport:

Current CILT Grade:	Affiliate <input type="checkbox"/>	Member <input type="checkbox"/>	Chartered Member <input type="checkbox"/>	Membership No.	
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CILT Grade Requested:	Member (MILT) <input type="checkbox"/>	Chartered Member (CMILT) <input type="checkbox"/>	Chartered Fellow (FCILT) <input type="checkbox"/>
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DETAILS OF REFEREES - This section must be completed by two referees, one not below the grade of CMILT for upgrade to Member, not below the grade of CMILT or FCILT for upgrade to CMILT and FCILT, and the Chairman of the CILT Branch you belong.

S/N	Name	Organization Name/CILT Branch	Membership No.	Membership Grade	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 By-law 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 curriculum vitae, academic/professional certificates, National ID or International Passport. In support of your application, submit proof of payment.

Pay Application fee to:

<https://quickteller.com/cilt>



**The Chartered Institute of
Logistics & Transport
NIGERIA**

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	