

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Kindly attach 2
recent passport
sized
photographs

Instructions: carefully read through the form before filling. Only duly completed forms with attached CVs and passport photographs will be processed.

TITLE (Prof./ Dr./ Mrs./ Miss):	DATE (DD/MM/YYYY):																				
NAME (SURNAME FIRST):																					
DOB (DD/MM/YYYY):	Email (personal):																				
RESIDENTIAL ADDRESS:																					
OFFICE ADDRESS:																					
MOBILE NO:	OFFICE PHONE NO:																				
TWITTER HANDLE:	EMAIL (Official):																				
HIGHEST EDUCATIONAL LEVEL ATTAINED (Please tick as Appropriate):																					
'O' Levels <input type="checkbox"/> OND <input type="checkbox"/> HND <input type="checkbox"/> BSc <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/>																					
PROFESSIONAL QUALIFICATIONS AND AFFILIATIONS (PLEASE LIST):																					
1. 2. 3.																					
JOB TITLE (S):																					
WORK EXPERIENCE (in Yrs): 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12-15 <input type="checkbox"/> 16-19 <input type="checkbox"/> 20 and above <input type="checkbox"/>																					
Have you attended any WIMBIZ event? (Kindly tick as appropriate)																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1. Roundtable lunch</td> <td style="width: 12.5%;">1-3 times <input type="checkbox"/></td> <td style="width: 12.5%;">4-6 times <input type="checkbox"/></td> <td style="width: 12.5%;">7-9 times <input type="checkbox"/></td> <td style="width: 12.5%;">10 + times <input type="checkbox"/></td> </tr> <tr> <td>2. Annual Conference</td> <td>1-3 times <input type="checkbox"/></td> <td>4-6 times <input type="checkbox"/></td> <td>7-9 times <input type="checkbox"/></td> <td>10 + times <input type="checkbox"/></td> </tr> <tr> <td>3. Market Place</td> <td>1-3 times <input type="checkbox"/></td> <td>4-6 times <input type="checkbox"/></td> <td>7-9 times <input type="checkbox"/></td> <td>10 + times <input type="checkbox"/></td> </tr> <tr> <td>4. Annual Lecture series</td> <td>1-3 times <input type="checkbox"/></td> <td>4-6 times <input type="checkbox"/></td> <td>7-9 times <input type="checkbox"/></td> <td>10 + times <input type="checkbox"/></td> </tr> </table>		1. Roundtable lunch	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	10 + times <input type="checkbox"/>	2. Annual Conference	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	10 + times <input type="checkbox"/>	3. Market Place	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	10 + times <input type="checkbox"/>	4. Annual Lecture series	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	10 + times <input type="checkbox"/>
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Are you a WIMBIZ Mentee/Mentor? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
In a few words state the reason(s) for your interest in being a member of WIMBIZ																					
_____ _____ _____																					
DECLARATION I _____ hereby declare that the information herein is to the best of my knowledge and belief, correct.																					
_____ Signature	_____ Date																				

INDIVIDUAL MEMBERSHIP APPLICATION FORM

REFERENCE I

I _____ of _____

Mobile phone No: _____ Email: _____

hereby affirm that I know the applicant and can stand as a surety for the applicant in all matters relating to WIMBIZ.

Signature

Date

REFERENCE II

I _____ of _____

Mobile phone No: _____ Email: _____

hereby affirm that I know the applicant and can stand as a surety for the applicant in all matters relating to WIMBIZ.

Signature

Date

For Official Use Only

Accepted Yes No

If No kindly state the reason _____

Note:

- *Read the terms and conditions of the WIMBIZ membership platform at www.wimbiz.org*
- *Each Application will be considered on its own merit.*
- *Changes in any of the information supplied in this Application Form should be communicated to the secretariat.*
- *Associate membership does not confer any voting rights within WIMBIZ.*

Please send a completed copy of this form, your recent passport photograph (hard copy or JPEG file format) and a 2-page CV to

WIMBIZ Secretariat, 200B Isale Eko Avenue, Dolphin Estate, Ikoyi, Lagos
Or email to wimbiz@wimbiz.org or wimbizng@gmail.com.

For Enquiries, please call 0803 594 6249

Visit our website at www.wimbiz.org