



Nigerian Institution of Civil Engineers

(A DIVISION OF THE NIGERIAN SOCIETY OF ENGINEERS)

SECRETARIAT: 1, Engineering Close (Ground Floor), Off Idowu Taylor St, Victoria Island
P.O.Box 415, Surulere, Lagos, Nigeria. www.nice-nigeria.org

LAGOS ANNEX OFFICE: 2nd Floor Suite 2 Front Wing, Oshokey Plaza, 17/19 Allen Avenue,
Ikeja, P.O.Box 142, Oshokey Plaza.

Email: icenigerian@yahoo.com TEL: 07062070193

No:

APPLICATION FORM **(CORPORATE MEMBERSHIP)**

Fix your
Passport Here

1. **NAME:** _____
(Capital) Surname First Name Other Names
2. **RESIDENTIAL ADDRESS:** _____
3. **POSTAL ADDRESS:** _____
4. **E-MAIL:** _____ **TEL:** _____ **FAX:** _____
5. **PLACE/DATE OF BIRTH:** _____
6. **NATIONALITY:** _____
7. **QUALIFICATIONS:** _____
8. **NSE MEMBERSHIP GRADE:** _____ **REGISTRATION NO:** _____
9. **COREN REGISTRATION NUMBER:** _____
10. **AREA OF SPECIALISATION:** _____
11. **PRESENT EMPLOYMENT:**
 - a. Name and address of employer: _____
 - b. Position/Date of Employment: _____
 - c. Nature of Duties: _____

DECLARATION:

I _____ undertake to abide by the articles and Bye-Laws of the Institution and to promote its objectives to the best of my ability. I will continue to update my knowledge and skill by attending the Continuing Professional Development programs of the Institution with the consciousness always that the profession carries with it the obligation to serve humanity with complete sincerity. I declare that the information given above is in every respect complete and accurate.

DATE

SIGNATURE

- Note:
1. Membership of the Nigerian Institution of Civil Engineers is open to Corporate Members, Students and Graduate Members of the Nigerian Society of Engineers.
 2. Attach 2 Passport Photographs and photocopies of credentials.
 3. All forms must be signed and stamped by the Chapter/National Executive Secretary

MEMBERSHIP OF CHAPTER

This section must be completed by the Chairman of the candidate's chapter. The application will not be processed further without this endorsement.

Name of Applicant: _____

Recommendation of Chapter: _____

Chapter Chairman Signature/Stamp: _____

Date: _____

FOR OFFICIAL USE ONLY

Date of Application: _____

Recommendation of Membership Committee: _____

Date: _____ Committee Chairman: _____

Admission Approved/Rejected this _____ day of _____ 20 _____

Number in Register

Chairman

Secretary