

INTERNATIONAL INSTITUTE OF PROFESSIONAL SECURITY

MEMBERSHIP FORM

PERSO	2 Passport			
	Photographs			
NAME:	SURNAME	MIDDLE	FIRST	
CONTAC	T ADDRESS:			
PERMAN	NENT ADDRESS:			
TELEPHO	DNE:	E-MAIL		
DATE OF	BIRTH:	PLACE OF BIRTH		
HOME T	OWN:	STATE		
NATION	ALITY:			
SEX:		MARITAL STATUS	:	
EDUCA	ATIONAL INSTITUTION	IS ATTENDED WITH DATE	<u>ES</u>	
1.	PRIMARY:			
II.	SECONDARY:			
III.	TERTIARY:			
EDUCA	ATIONAL QUALIFICATI	ON:		
PROFE	SSIONAL QUALIFICAT	IONS OBTAINED WITH D	ATES:	

AWARDS RECEIVED:		
WORK EXPERIENCE:		
COMPANY	POSITION	DURATION
		
PROFESSIONAL PUBLICATION	<u>NS:</u> 	
OTHER PROFESSIONAL/INST	ITUTES/ASSOCIATIONS:	
OTHER PROFESSIONAL ACTIV	VITIES:	

UNDERTAKING:	
member of International Institute of Profe	y make this undertaking to be a worthy and committed ional Security, that I shall contribute to the profession lso undertake to promote the ideas of the institute, the stitute into disrepute.
I hereby affirm that the information provious so provided be false, the Institute is at libe	ed above are factual, that should any of the information to withdrawn my membership.
That the Institute is to publish my name withdrawal of my membership of the instit	through any means to the public in the even of the for any offence/crime whatsoever
DATE	SIGNATURE
	RIGHT THUMB PRINT
<u>OFFIC</u>	<u>\L</u>
	- DISSAPROVED
DATE OF ELEVATION/ ADDMITTANCE:	

REMARK: -----

INTERNATIONAL INSTITUTE OF PROFESSIONAL SECURITY (IIPS)

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NAME:			
MEMBI	ERSHIP N	O:	