ASSOCIATION OF COST & MANAGEMENT ACCOUNTANTS

CICMA House 7 Kachia Road, Kaduna South
Kaduna, Nigeria **www.acma.org.ng**
acma.ng@gmail.com **+234 8023100067**

Application for Membership

I wish to apply for (Please tick the appropriate):

Associate Membership (ACMA)	**N300,000.00**
Certified Management Accountant (CMA)	**N400,000.00**
Fellow Membership(FCMA)	**N600,000.00**

Personal Details

Title (Mr/Mrs/Miss/other): Surname----------

First Name----------Middle Name----------

Postal Address----------

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Office Address----------

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Date of Birth----------Marital Status----------

Nationality----------Phone----------

WhatsApp Number---------- E-mail: ----------

Academic Qualifications----------

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Professional Qualifications----------

Present Job Position----------

I agree to accept the decision of the Council as my eligibility for election to the appropriate grade of membership. If selected I agree to abide by the Association's Charter and Bye-laws and to observe the provisions of the Association's Code of Professional Standards. I confirm that the information supplied in support of my Application for membership is correct. I agree that all fees paid are nonrefundable.

Signature: ---------- Date: ----------

***INSTRUCTIONS TO NIGERIAN APPLICANTS**

1. **Pay the membership fees by online funds transfer to the institute bank account using these details:**
    1. **Name of Bank: Access Bank Plc**
    2. **Account Number: 1686273690**
2. **Attach your current C.V and credentials to this application form**

4.Scan your application form with the originals of your CV and credentials to acma.ng@gmail.com