



RC: 851926

# THE INSTITUTE OF CUSTOMER RELATIONSHIP MANAGEMENT, (ICRM)

*Approved By The Federal Ministry of Education  
And*

*(Established By The Federal Govt. Decree No. 1 of 1990)*

## MEMBERSHIP APPLICATION FORM

Please attach 2 fresh photographs and duly attested copies of the academic and professional certificates. Please mail or e-mail to Fortune Business School. You may also scan the signed application and documents in email attachment to the school.

Are you applying as a regular student or Direct Membership Candidate.....

Have you previously been enrolled with any institute on this field? Yes  No

If yes, please state the name and your student number.....

Have you done any training courses in Customer Services.....

### PERSONAL DETAILS

Title (Mr, Mrs, Ms, Miss).....

Surname.....

Other Names.....

Date of Birth.....Place of Birth.....

Mailing Address.....

E-mail.....Tel.....

Nationality.....State of Origin.....

### HIGHER EDUCATION QUALIFICATIONS WITH DATES

Please attach copies of degrees, certificates, etc.

Highest Qualifications obtained.....

### SECONDARY EDUCATION QUALIFICATIONS WITH DATES

.....

### PRIMARY EDUCATION QUALIFICATIONS WITH DATES

.....

### PROFESSIONAL MEMBERSHIP QUALIFICATIONS

S/N	Name of the Professional Institute (if any)	Membership Grade

# B.Sc AND MBA DEGREE PROGRAMS

Please tick the course you wish to apply for:-

- |   |  |
|---|--|
| <input type="checkbox"/> B.Sc Customer Service                | <input type="checkbox"/> B.Sc Marketing                  |
| <input type="checkbox"/> B.Sc Business Administration         | <input type="checkbox"/> MBA Customer Service Management |
| <input type="checkbox"/> MBA Customer Relationship Management | <input type="checkbox"/> Others (Pls specify).....       |

## EMPLOYMENT DETAILS IF EMPLOYED

Name of Organization.....

Business Address.....

Telephone.....Date Appointed.....

## DECLARATION OF THE APPLICANT

I hereby certify that the information provided in this application is complete and correct. I agree that the institute may verify the details of my qualifications if necessary. I undertake to abide by all the status, by-laws, rules and the instructions of the institute and shall pay all fees & dues for the membership that I am applying for. I also understand that the institute is global in nature and is not required to meet with any specific requirement of any specific country.

Signature of the applicant.....Date.....

## RECOMMENDATION

Referees (Must be a member of the following professional bodies: CISM, CIWM, ICRM, ACA, ACCA, CIPM, NIPR, CPA, ICOSA, CCSP, CSTI, e.t.c)

MR/MRS/MISS \_\_\_\_\_

CONTACT ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

POSITION \_\_\_\_\_

INSTITUTE DESIGNATION(FELLOW/FULL MEMBER/ASSOCIATE) MEMBERSHIP NO \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## COMPLETED FORMS MUST BE SUBMITTED WITH THE FOLLOWING DOCUMENTS

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| (a) 2 Recent Passport Photographs | (c) Copy of bank receipt/teller |
| (b) Photocopy of certificates     | (d) Updated CV                  |

### BANK DETAILS:

ALL PAYMENTS SHOULD BE MADE TO **FORTUNE BUSINESS SCHOOL** WITH THE FOLLOWING ACCOUNT DETAILS



ACCT NO. : 2017487870

FOR OFFICE USE ONLY

SUBMISSION OF FORMS AND OTHER CORRESPONDENCES SHOULD BE ADDRESSED TO:

**FORTUNE BUSINESS SCHOOL**  
1st Floor ABIITOS HOUSE, 1 Sekoni Street, Alfa Bus Stop  
Lekki - Epe Expressway Sangotedo, Ajah - Lagos.  
E-mail: [info@fortunebusinessgroup.com](mailto:info@fortunebusinessgroup.com), [fbsoffice@yahoo.com](mailto:fbsoffice@yahoo.com)  
Website: [www.fortunebusinessgroup.com](http://www.fortunebusinessgroup.com)  
Telephone: 08026631790, 07034974654, 08023269146