**Chartered Institute of Leadership and Governance (CILG)**

Passport

Picture

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Tel: 233 03220 84045, 233 248 59 99 59, 233 322 497 401

**MEMBERSHIP APPLICATION FORM**

**CLASS OF MEMBERSHIP APPLIED FOR** (Please tick the appropriate box):

Affiliate [ ]  Associate [ ]  Full Member [ ]  Fellow [ ]

**PRESENT CLASS OF MEMBERSHIP AND MEMBERSHIP NUMBER IF ANY** (Please tick (X) the appropriate box)

Affiliate [ ]  Associate [ ]  Full Member [ ]  Fellow [ ]

Membership Number:      Registration Date:

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| **1. APPLICANT’S PERSONAL INFORMATION** |
| Full Name with initials:       |
| Date of Birth (YYYY.MM.DD):      | Gender (Male/Female):  | Title: (Mr/Mrs/Miss/Ms/Prof/Dr/Other) |
| Home Address:      | Contact Address       |
| Province      |
| Office Address:      |  |
| Telephone:       | Mobile:       |
| Fax:      | Passport Number:       |
| E-Mail Address:      | National Identity Card Number:       |

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| **2.ACADEMIC QUALIFICATIONS STATED IN CHRONOLOGICAL ORDER WITH RESPECT TO THE YEAR OF AWARD (BOTH SECONDARY AND TERTIARY)** |
| Period of Study | Name of Institution | Type of Institution (School/ Technical College/ University/ Other -specify | Qualification Awarded | Date of Award |
| From | To |
|       |       |       |       |       |       |
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| **3. PROPOSERS**At least two of the proposers should know the applicant sufficiently to certify, by initialing, that the information provided by the applicant about his training and experience if any is correct.* All proposers have to be Members of the Institution who are not in arrears of subscription fees.
* For approval as Associate Member: Only two proposers are required.
* For transfer/election as a Member: Four proposers are required and at least one of them will have to be from the same discipline as the applicant.
* For transfer/election as a Fellow: Four proposers are required and at least two of them will have to be Fellows of the

Institution. At least one of the proposers will have to be from the same discipline as the applicant.*We, the undersigned, propose*       *(State the name of the applicant)**From personal knowledge as a person worthy of consideration for admission to the class of*      *(State the class of membership) of the Institution.* |
| Proposer’s Name with initials | Class of Membership  | Membership No. | Signature and Date |
|       |       |       |       |
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| **4. STATEMENT OF TRAINING AND EXPERIENCE (STATED IN CHRONOLOGICAL ORDER)** |
| From | To | Period in months | Place of work | Position held | Concise description of work carried out | Initials of two of the proposers |
|                      |                      |                      |                      |                      |                      |                      |

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| **5. MEMBERSHIP OF RECOGNISED PROFESSIONAL BODY**Have you obtained Membership of a recognised Professional body? Yes [ ]  No [ ] If yes, please state the name of the institute through which the registration was obtained:(Please provide documentary proof)       |
| **6. DECLARATION**I       (*NAME OF THE APPLICANT*) the undersigned, certify that theinformation provided above by me is true and that, in the event of my admission as a member of **the Chartered Institute ofLeadership and Governance, USA** will be governed by the By-laws, regulations and rules of the Institution as they now are, or as theymay hereafter be altered; and that I will advance the objects of the Institution as far as shall be in my power.Provided that, whenever I shall signify in writing to the Executive Secretary of the Institution that I am desirous of withdrawing of the membership at the Institution, I shall, after the payment of my arrears which may be due from me at that time, be free from this obligation.Signature of Applicant (Use your initials):       Date:       |
| **Notes:**The onus of providing sufficient information for a proper assessment of the application will rest with the applicant. All applicants must send with this form, evidence of their academic qualifications, training and experience if any. Authenticated photocopies of relevant documentary evidence will be accepted. Applicants for admission to the class of “**Fellow”** are requested to refer the relevant guidelines and familiarize themselves with the additional documentation that needs to be submitted with this application form.Applicants for the class **of “Member”** are required to face a **“Professional Review”** and are requested to refer to the currently applicable “Professional Review Rules” where the eligibility requirements and submissions required are detailed out. |