



# CHARTERED INSTITUTE OF LOGISTICS AND SUPPLY CHAIN MANAGEMENT

(Established under the Chartered-ship House Bill No.1453, 2018)

## APPLICATION FORM

### SECTION I (Personal Data)

Membership level applying for	AFFILIATE <input type="checkbox"/>	Associate – ACILSCM <input type="checkbox"/>	Full Member - MCILSCM <input type="checkbox"/>
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Membership level applying for	Fellow - FCILSCM <input type="checkbox"/>	Doctoral Fellow - DR. FCILSCM <input type="checkbox"/>
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### AVAILABLE CERTIFICATIONS

<input type="checkbox"/> M.ScM® - Master Supply Chain Manager™	<input type="checkbox"/> Ch.MPM® – Chartered Master Procurement Manager™
<input type="checkbox"/> MLScM® - Master Logistics and Supply Chain Manager™	<input type="checkbox"/> Ch.MSM® – Chartered Master Store Manager™
<input type="checkbox"/> M.Psm® – Master Procurement and Sourcing Manager™	<input type="checkbox"/> Ch.MTM® – Chartered Master Transport Manager™
<input type="checkbox"/> MLTM® - Master Logistics and Transport Manager™	<input type="checkbox"/> Ch.MWM® – Chartered Master Warehouse Manager™
<input type="checkbox"/> CSCMP® - Chartered Supply Chain Management Professional™	<input type="checkbox"/> Ch.MLM® - Chartered Master Logistics Manager™
<input type="checkbox"/> MBA® – Master Business Analyst™	<input type="checkbox"/> Ch.MMM® – Chartered Master Materials Manager™
<input type="checkbox"/> MPA® – Master Project Analyst™	<input type="checkbox"/> Ch.SCM® – Chartered Master Supply Chain Manager™

Your full Name (As you would like it to appear on the certificate)			
Title/rank/salutation/ other		Gender	
Date of Birth		Nationality	
Email Address			
How did you learn of CIPM certifications		Telephone Number	

Physical Address	Postal – Mailing Address (if different)

### SECTION II (Particulars of Education)

School, College or other Secondary Institutions Attended	Qualification/Certificate Obtained	Dates	
		From	To

University, Polytechnic, College or other Higher Institutions Attended*	Degree, Diploma, Professional Qualification Obtained**	Date of Award

\* Applicants must email [scanned] copies of their degree transcripts or other qualifications

**SECTION III** (Employment history: Please list in **Reverse** chronological order) \*

Current Occupation			
Employer	Position Held - Title	Duties in Brief	Period of Service

**SECTION I** (Continuing Professional Development (CPD) &/or In-Service & On-the-Job Training Courses: Please list in **Reverse** chronological order)

Course Title	Course Provider	Subject Studied	Date Completed

**DECLARATION:** Please email completed Application Form together with scanned transcripts, degree certificates etc. to: [info@ciscmglobal.org](mailto:info@ciscmglobal.org)

Applicant's Signature (Insert scanned signature or print full name)		
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Membership of the Institute will confer the following benefits:

- (a) Use of the letters **ACILSCM, MCILSCM, FCILSCM, DR.CILSCM**
- (b) Free Journal every four months.
- (d) Obtain highly regarded Logistics and Supply Chain Management qualifications
- (e) Global Recognition, Assured Quality and Flexibility

*All correspondence should be sent to the Head Office:*



**CHARTERED INSTITUTE OF LOGISTICS  
AND SUPPLY CHAIN MANAGEMENT**

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**Website:** [www.ciscmglobal.org](http://www.ciscmglobal.org)