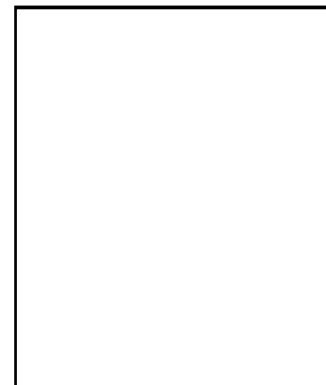


## FELLOWSHIP UPGRADE APPLICATION FORM



SURNAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ STATE OF ORIGIN: \_\_\_\_\_

PRESENT EMPLOYER:

CURRENT POSITION


OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address \_\_\_\_\_

TELEPHONE (OFFICE): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

### ACADEMIC INFORMATION

S/N	INSTITUTIONS(S)	QUALIFICATION(S)	DATE GRADUATED

### PROFESSIONAL EXPERIENCE

S/N	DATE	POSITION	ORGANISATION	DUTIES

(Extra sheets may be required if necessary)

### OTHER PROFESSIONAL AFFILIATIONS (IF ANY)

NAME OF INSTITUTION	MEMBERSHIP CADRE	YEAR JOINED	ADMISSION NUMBER

### SPONSORS:

I RECOMMEND THE APPLICANT AS BEING SUITABLE FOR ADMISSION INTO THE GRADE OF FELLOWSHIP.  
HE/SHE IS WELL KNOWN TO ME. HE/SHE HAS BEEN AN ACTIVE MEMBER OF THE SOCIETY.  
I AGREE TO SUPPLY FURTHER INFORMATION ON HIM/HER IF REQUIRED.

NOTE: YOU CANNOT SPONSOR A CANDIDATE FOR THE POSITION HIGHER THAN YOUR CURRENT  
MEMBERSHIP POSITION AND YOU MUST BE FINANCIALLY UP TO DATE IN THE SOCIETY

NAME	MEMBERSHIP NO.	SIGNATURE	DATE

APPLICANT'S NAME

\_\_\_\_\_

NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

MEMBERSHIP NO.

Applicants are expected to pay a non-refundable processing fee of N20,000.00 (Twenty Thousand Naira) in favour of Nigeria Computer Society (NCS). Payment can be made into any of the following bank accounts.

First Bank of Nigeria Ltd.: 2001762424

Skye Bank Plc.: 1770005146

United Bank for Africa Plc.: 1000031892

Zenith Bank Plc.: 1011565784

Attach the evidence of payment and the following to the application form and send to NCS National Secretariat for processing.

- (a) Photocopies of applicant's credentials
- (b) Photocopy of NYSC discharge certificate or exemption certificate
- (c) Two recent passport photographs of the applicant
- (d) Photocopy of receipt issued on purchase of the form or bank deposit slip
- (e) Evidence of change of name (if applicable)
- (f) Curriculum Vitae
- (g) Letters of recommendations from the Sponsors
- (h) Letter of recommendation from the State Chapter duly signed by the Chairman and the Secretary

### FOR OFFICIAL USE ONLY

Registration No. \_\_\_\_\_ Financial Position \_\_\_\_\_

Chapter Participation: \_\_\_\_\_

Conference Participation: \_\_\_\_\_

Executive Secretary's Comment: \_\_\_\_\_

Present Membership Grade \_\_\_\_\_

Proposed Upgrade \_\_\_\_\_

Recommended Upgrade \_\_\_\_\_

Recommended by: \_\_\_\_\_  
Name Sign. Date

President's Approval: \_\_\_\_\_  
Name Sign. Date