

**APPLICATION FORM FOR MEMBERSHIP**

Please write clearly using **BLOCK CAPITAL LETTERS** and **BLACK INK**

Application Type Requested:  
(Please see guidance notes) Individual  Corporate

- 1) Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_\_\_
- 2) Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_\_\_
- 3) Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Area of BPO/KPO

Legal  IT  Others Please specify  \_\_\_\_\_

Finance  Contact/Call Centre

Home Address: \_\_\_\_\_

State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Date Joined the Organization \_\_\_\_\_

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**VERY IMPORTANT**

WITH THIS APPLICATION FOR MEMBERSHIP, PLEASE SEND A FULL CURRICULUM VITAE GIVING FULL DETAILS AS REQUESTED IN THE GUIDANCE NOTES ON THE REVERSE SIDE OF THIS SHEET

**DETAILS OF REFERERS:**

(One association member should recommend application if applying for individual Membership and two members for corporate membership).

I have read the particulars of this form which to the best of my knowledge and belief are true and recommend the candidate to the Council for election as a Member or Corporate Member of the AOPN.

NAME OF REFEREE	APPOINTMENT HELD	MEMBERSHIP NO	MEMBERSHIP GRADE	SIGNATURE

**Declaration:**

I/We certify that the statements on this form are correct, I/We promised in the events of my/our admission as a member status, I/We will observe the code of professional conduct. I/We will be governed by the Constitution of the association.

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**Signature & Date**

**YOUR CURRICULUM VITAE – GUIDANCE NOTES**

What should be included?

**Your current position**

- Your current role and responsibilities in your organization
- The key objectives of the position that you currently hold
- Your responsibilities, decision making and planning of resources allocations, staff, financial decision, budget e.t.c.
- Your reporting lines (where possible an organization chart showing your position in the organization and span of control.

**Your career history**

- Give brief detail of previous companies, Job titles, dates of employment, responsibilities and your other relevant information, including any notable achievements, to support application.

**Your Education and Training**

- Describe University degree and subject(s) taken
- Full detail of qualifications (including name of the institution or awarding body), dates and results.
- Other courses

**About the Company**

- Services Provided by the company
- Staff Strength
- Location(s)
- Contact Details
- Contact Person (s)

**Supporting the Association**

- A summary of how you intend to support the association and commit to continuing personal and Professional development.

**Fees and submission of application**

➤ Please submit completed forms to the AOPN secretariat complete with the membership dues as follows:

	<b>Individual</b>	<b>Corporate (Cost per 3 members)</b>
Application Form	N 2,000.00	N 2,000.00
Registration	N 3,000.00	N 3,000
Annual Dues	N 10,000.00	N 30,000.00

**BANK DETAILS:**

Name: Association of Outsourcing Practitioners of Nigeria  
Bank: GT Bank  
Branch: Tiarnu Savage Branch  
Acct No: 228 661 769 110