

Membership Application

CITM Certified Institute of Treasury Management of West Africa.

1. MEMBER INFORMATION

(PLEASE PRINT CLEARLY – INCOMPLETE INFORMATION WILL DELAY APPLICATION PROCESS)

FIRST NAME / MIDDLE INITIAL:

LAST NAME:

EMAIL ADDRESS:

BIRTH DATE (MM/DD/YY): GENDER Male Female

HOME ADDRESS:

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COUNTRY:

HOME PHONE NUMBER:

QUALIFICATION:

BUSINESS NAME:

BUSINESS EMAIL ADDRESS:

BUSINESS ADDRESS:

STATUS IN OFFICE:

LENGTH OF SERVICE:

COUNTRY:

BUSINESS PHONE NUMBER:

BUSINESS FAX NUMBER:

PLEASE INDICATE PREFERRED MAILING ADDRESS **BUSINESS** **HOME**

2. ELIGIBILITY REQUIREMENTS

I attest to the following statements:

I attest that the information provided is true and accurate. I understand and agree this information may be audited by the CITM to ensure its accuracy, and that failing to provide accurate information may result to loss of membership.

I attest that I meet the CITM's membership rules and eligibility requirements and I agree to abide by the Decisions of the Council as to the disposition of this application. I agree to be governed by and comply with the Bylaws and Code of Professional Conduct of the Institute.

SIGNATURE: **DATE:**

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Supervising Officer