RC 14225

RISK MANAGERS ASSOCIATION OF NIGERIA

SECRETARIAT: Plot 1398B, Tiamiyu Savage Street, Off Ahmadu Bello Way, Victoria Island, Lagos.
Tel: 01-8438793, 08028516377, 08023173478
Website: www.rimanng.org
e-mail: info@rimanng.org

MEMBERSHIP FORM
(INDIVIDUAL MEMBERSHIP FORM

Affix Photograph

Name ---------- Title ----------
*** surname first**

Sex ---------- Nationality: ----------

Company Name ---------- ----------Address ----------

---------- ----------

Home Address ----------

Years of Working Experience ---------- Position ----------

Phone: Mobile ----------Others ----------

E- Mail Address ----------
*** e-mail is required for easy access and update**

Educational / Professional Qualifications: ----------

Membership Status: Associate Member ☐ Senior Associate ☐
*** see below**

Have you ever been disciplined by a professional association? Yes ☐ No ☐

If yes, please give details ----------

ATTESTATION
I ……. do solemnly swear to abide by the constitution of the Association or any guidelines / regulations as issued from time to time.

Signature ---------- Date ----------

OFFICE USE ONLY

QUALIFIED FOR MEMBERSHIP	YES	☐	NO	☐
DATE OF ADMISSION	STATUS : ASSOCIATTE	☐	SENIOR ASSOCIA TE	☐

***Please fill and return form to RIMAN Secretariat: See address above.**

Membership Dues

Manager Level and below	=N=10,000 p.a	Associate Member
Senior Manager and above	=N=15,000 p.a	Senior Associate