



NIGERIAN STATISTICAL ASSOCIATION

www.nsang.org

MEMBERSHIP FORM

PASSPORT

PHOTO

PERSONAL INFORMATION

TITLE

SURNAME

FIRST NAME

MAIDEN NAME

DATE OF BIRTH

JOB TITLE

AREA OF INTEREST

SPECIALTY

ORGANISATION/COMPANY

DEPARTMENT

RESIDENTIAL ADDRESS

TOWN

STATE

COUNTRY

BUSINESS ADDRESS

TOWN

STATE

COUNTRY

TELEPHONE

MOBILE

OFFICE
HOME

EMAIL

FAX

EDUCATIONAL QUALIFICATION

NAME OF INSTITUTION

LOCATION

ATTENDANCE DATES

GRADE

DEGREE EARNED

WORK EXPERIENCE

ORGANIZATION/COMPANY

DESIGNATION

DATES

MEMBERSHIP OF OTHER PROFESSIONAL BODIES

NAME

STATUS

YEAR OF RESIGNATION

CERTIFICATION

I Certify that the above information is correct. Attached herewith are copies of my credentials

Signature

Date