

ASSOCIATION OF NIGERIAN UNIVER PROFESSIONAL ADMINISTRATORS (ANUPA)

(Office of the National Secretary)

Application For Membership

OMPLI	MPLETE IN CAPITAL LETTERS	
. Р	PERSONAL DATA	
1.	I. NAME/TITLE:	LENIANE
	SURNAME FIRST NAME MIDD	LE NAME
2.	2. INSTITUTION:	
3.	3. QUALIFICATION AND DATES:	
	THE SECTION OF AN ADMINISTRATIVE CADDES.	
4.		
5.	5. CURRENT RANK:	
6.	6. DATE OF ADMISSION INTO TOOK INSTITUTIONS BIVATURE.	
7.	7. STATUS OF MEMBERSHIP REQUIRED (TICK AS APPROPRIATE)	
	FULL MEMBERSHIP ASSOCIATE MEMBE	RSHIP
	AFFILIATE MEMBERSHIP	
8.	8. CONTACT ADDRESSES:	
	- POSTAL:	
	- E-MAIL:	
	- TELEPHONE:	
	SIGNATURE & DATE:	
I. TO	TO BE COMPLETED BY CHAIRMAN OF THE BRANCH:	
9.		
10.	10. RECOMMENDATION:	
	NAME: SIGNATURE & DATE:	
II OF	OFFICE USE	
1	I. STATUS APPROVED/EFFECTIVE DATE:	
2.		
3.	3. REMARKS:	
	NAME: SIGNATURE & DATE:	