

**NIGERIAN INSTITUTE OF SCIENCE LABORATORY TECHNOLOGY**  
**(Founded in 1971 and Established by Act of the National Assembly No 12 of 2003)**

**FORM M**



Receipt No:

**MEMBERSHIP APPLICATION FORM**

MEMBERSHIP GRADE APPLIED FOR (Tick as Appropriate)

FELLOW:       ASSOCIATE:       ORDINARY:       STUDENT:

(1) SURNAME:       TITLE:

(2) OTHER NAMES:

(If names have been changed, please enclose proof, e.g. Press cuttings)

(3) DATE OF BIRTH:  (4) STATE OF ORIGIN:

(5) LOCAL GOVERNMENT AREA:

(6) CORRESPONDENCE ADDRESS:

(7) TEL. NO:       E-MAIL:   
 (Applicant should notify N.I.S.L.T. immediately of any change of address, quoting their registration number)

(8) RESIDENTIAL ADDRESS:

(9) NAME AND ADDRESS OF NEXT OF KIN:

(10) EDUCATIONAL QUALIFICATIONS :( Please attach photocopies of certificate and transcript)

INSTITUTION	LOCATION	PERIOD FROM	TO	QUALIFICATIONS

(11) PROFESSIONAL TRAINING COURSES ATTENDED WITH DATES:  
 .....  
 .....  
 .....  
 .....

(12) AREA OF SPECIALIZATION IN SCIENCE TECHNOLOGY

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.....

(13) MEMBERSHIP OF OTHER PROFESSIONAL BODIES: (Attach photocopies of certificates)

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.....  
.....  
.....

(14) EMPLOYMENT PERIOD:

Name	Address of Organization	Date	Post Held

(a) Name and Address of present employer / organization

.....  
.....

(b) Branch of Science or technology in which engaged:

.....

(c) Position in present employment:

(i) Title or designation:.....

(ii) Date of appointment to present position:.....

(iii) The Scope and Nature of Present Duties:

.....  
.....  
.....  
.....

(15) Name and Address of three referees :

(i) .....

(ii) .....

(iii) .....

**DECLARATION BY APPLICANT**

- (i) I, ..... hereby declare that: all the information given in this Form are to the best of my knowledge and belief, correct.
- (ii) Any false or incomplete information given in this Form will automatically disqualify me from being considered for admission into the institute.
- (iii) I shall accept as final the decision of the Council whether or not my application is successful.
- (iv) If admitted, I undertake to accept and agree to the enabling Act and the bye laws of the Nigerian Institute of Science Laboratory Technology as they now exist and as they may from time to time be amended or enacted.

.....

Full Name

.....

Signature and Date

This form should be filled and returned to the Registrar of the Institute with the appropriate registration fees in Bank draft which will not form part of any subscription.

For further information and enquiries, please contact  
The Registrar / Chief Executive Officer  
Nigerian Institute of Science Laboratory Technology  
Samonda, Sango / U.I. Road,  
P.O. Box 9764, U.I. Post Office  
Ibadan, Oyo State, Nigeria  
Tel: 02-8102320, 8101729, 7513964, 08030787747, 08062117814  
E-mail: nist@skannet.com, nisltech@yahoo.com  
Website: www.nislt.gov.ng