



NIGERIA INSTITUTE OF INNOVATION & ENTREPRENEURSHIP (NIIE)

(Established under Corporate Law of the Federal Republic of Nigeria, RC: 1909383)

International Centre of Excellence for Rural Finance and Entrepreneurship, Opposite
Gym, Samaru Campus, ABU, Zaria-Nigeria.

www.niie.org.ng/ +234 (0) 8065883870// info@niie.org.ng; membershipniie@gmail.com

MEMBERSHIP APPLICATION FORM

Application Fee: Ten Thousand Naira Only (₦10,000.00)

Bank Details: Jaiz Bank Account No: 0011339483

Account Name: Nigeria Institute of Innovation and Entrepreneurship

PERSONAL INFORMATION

- **Full Name:** _____
- **Date of Birth:** _____
- **Gender:** Male Female Other
- **Nationality:** _____
- **State:** _____
- **LGA:** _____
- **Contact Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **LinkedIn Profile (if available):** _____

MEMBERSHIP CATEGORY

- Career Professional (Entrepreneurial Organization/Government MDA Staff)**
- Practicing Entrepreneur (With or without formal education but with experience)**

Membership Grades

Based on your qualifications and experience, please select the membership grade you are applying for:

1. **Fellow Member (FNIIE):** Reserved for individuals with extensive experience, significant contributions to the field of innovation and entrepreneurship, and holding senior positions in their organizations or businesses.
2. **Full Member (MNIIE):** Suitable for professionals with a considerable level of academic and professional qualifications or practicing entrepreneurs with proven track records of success in business.
3. **Associate Member (ANIIE):** Ideal for individuals who have started their career in innovation and entrepreneurship or are mid-level professionals with some experience and qualifications.

CAREER PROFESSIONALS (PUBLIC & PRIVATE SECTOR EMPLOYEES)

Academic Qualifications (Starting from Higher Qualifications)

S/N	Institution	Qualification & Discipline	Grade/Year

Professional Qualifications (ANAN, NIM, CILRM etc)

S/N	Awarding Body/Institute	Membership Designatory	Year/Membership Number

Current Employment Details

S/N	Employers	Employer Address	Position	Years of Experience

PRACTICING ENTREPRENEURS

Business Information

S/N	Name of Business /CAC No.	Business Address	Business Sector	Years in Operation

DECLARATION

I hereby declare that the information provided is accurate and complete to the best of my knowledge. I agree to abide by the rules, regulations, code of professional ethics of the Nigeria Institute of Innovation and Entrepreneurship (NIIE) as contained in its Code of Professional Ethics and other Bye-laws as they now exist and as may be amended.

Signature: _____ **Date:** _____

Submission Instructions: Please complete and return this form along with proof of payment to the above email address, WhatsApp Number (08065883870) or submit it directly at our office.

FOR OFFICIAL USE ONLY

- Application Received: (Date) _____
- Payment Confirmed: Yes No
- Membership Number: _____
- Approval Status: Approved Rejected
- Membership Grade: _____
- Governing Council Comments: _____
- Management Comments: _____

Signature: _____ Date: _____