



## NIGERIAN HOTEL & CATERING INSTITUTE<sup>0005</sup>

*"The professional hospitality institute in Nigeria"*  
Plot 32 Kudirat Abiola way, Ikeja Lagos.  
P.O. Box 407, Ebute Metta, Lagos Nigeria  
Tel: 018191072

1. SURNAME :

2. OTHER NAMES:

		SEX M/F
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3. CONTACT ADDRESS:


4. E-MAIL ADDRESS:

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5. CLASS OF MEMBERSHIP APPLIED FOR:

FELLOW (FNHCI)
FULL MEMBER (MNHCI)
ASSOCIATE MEMBER (ANHCI)
GRADUATE MEMBER (GNHCI)

*Please complete this portion:*

NEW or UPGRADE:

PREVIOUS GRADE:

DATE OF LAST GRADE

6. WORK EXPERIENCE, PLACE OF WORK WITH DATE:

Position	Place Of Work	Date
Present		
First		

❖ *Attach additional sheet for more information or curriculum vitae.*

6 b. Mandatory Professional Programmes Attended & Date

1.	2.	3.	4.	5.
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6 c. Other Development Courses Ever Attended in the last 3years

Course	Organizing Institution	Date and Duration

❖ *Attach additional sheet for more information or curriculum vitae.*

**7. ACADEMIC BACKGROUND:**

SCHOOL ATTENDED	COURSE	QUALIFICATION	DATE

❖ *Attach additional sheet for more information or curriculum vitae.*

**8. DECLARATION:** I....., An intending member of the professional institute, hereby declare that the information contained herein are to the best of my knowledge, true and correct. I agree and understand that false information detected, may be used to disqualify me from the membership of the institute

	DATE
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I hereby append my signature:

**9. REFEREES AND SIGNATURE:**

NAME	SIGNATURE	GRADE	DATE
1.			
2.			

**10. MEMBERSHIP COMMITTEE RECOMMENDATIONS AND DATE:**

Official use only

**11. COUNCIL APPROVAL AND DATE: Official use only**

NAME OF OFFICER	RANK	COMMENT	SIGNATURE	DATE

*→Mandatory professional development programmes mean educational courses run by the institute. Please use and attach plain sheet of paper for more information.*