



# CERTIFIED INSTITUTE OF HOSPITALITY TOURISM AND MANAGEMENT

## MEMBERSHIP APPLICATION FORM

CIHTM -001/MAF

**ALL ENTRIES IN BLOCK LETTER (Please tick as appropriate)**

**Thro: The Membership Director**  
**To: The Council of Certified Institute of Hospitality Tourism and Management**



- Fellow of the Certified Institute of Hospitality Tourism and Management (FCIHTM)
- Full Member of the Certified Institute of Hospitality Tourism and Management (MCIHTM)
- Associate of the Certified Institute of Hospitality Tourism and Management (ACIHTM)
- Graduate Member of the Certified Institute of Hospitality Tourism and Management (GCIHTM)

Name  (Surname)  (Other names)

Date of Birth:  Sex:  Marital Status:

Postal Address:

Residential Address:

E-mail Address:  Tel:

(a) **Current Employment Information:**

Name and Address of Organisation:

Nature of Business:  Date of Employment

Position at Employment:  Current Position:

Number of years of Experience in Hospitality, Tourism, Travel, Logistics and / or Transport

Date Appointed to Current Position

(b) **Previous Employment Information**

Designation	Company	Period (Given Month & Year)		Employees Controlled	
		From	To	No	Grade

**For Official Use Only**

Date of Submission of Form:  Initial of Receiving Officer:

Checked by: Name:  Signature:  Date:

Application approved by section Chairman or Director Membership Services

Signed  Date  Membership Number



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## EDUCATION INFORMATION

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In further support of my application, I furnish the following details:

i) **Full-Time education, e.g. University or Polytechnic or College of Education**

University/Polytechnic/College	Month & Year		Degree, Diploma, Certificate Obtained
	From	To	

ii) **Other professional qualification(s) if any and dates of completion of exams**

Professional Bodies	Month & Year		Qualification(s)
	From	To	

## DECLARATION

I certify that the information given in this form are correct to the best of my knowledge. I promise that in the event of my election as a member of the Institute I will observe the Code of Professional Conduct, will be governed by the Institute and Bye-Laws of the Institute and will promote the objects of the Institute as far as shall be in my power. If at any time I desire to withdraw from the Institute, I will in accordance with Bye-Law after payment of all subscriptions of other sums due from me including any subscriptions for the current year, send my resignation in writing to the Secretary General and return therewith any certificates of membership held by me. A copy of the Bye-Laws may be obtained from your local Branch.

I agree to pay all future fees and subscriptions for which I become liable failing which the institute is authorized to terminate my membership subject to due notice. I hereby undertake to observe and be bound by the provisions of the Article and Rules of the Institute.

An assessment and induction fee is required to enable the membership grade to be confirmed by the CIHTM Assessment Panel. For details of the fee and method of remittance, please check the website. All payments should be made into First Bank of Nigeria PLC, Account No: **3111370659** in favour of the Certified Institute of Hospitality Tourism and Management. In support of my application, I furnish the particulars on page 1, 2 and 3 herewith and enclose N\_\_\_\_\_ in payment of admission, induction fee, subscriptions, development levy due etc. The payment receipt/Bank Teller number received is quoted here for your reference (\_\_\_\_\_ Date\_\_\_\_\_)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application



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## REFEREE REPORT/RECOMMENDATION

I have read the particulars of the form which to the best of my knowledge and belief are true and recommend the candidate to the Council for election as : Graduate, Associate, Full Member, Fellow Member of the Certified Institute of Hospitality Tourism and Management, having known the applicant

Who is seeking election as a Fellow/Full Member/Associate Member/Graduate Member of the Institute, hereby recommend him/her from personal knowledge as a fit and proper person for election. Referees (must be a member of the following institute IOH, HATMAN, HCIMA, CILT, CTH, ACIA, ICAN, ACA, NIPSM, ACIPS, ANAN, CPA, NIM, CILRM)

Name:

Contact Address:

Occupation:  Position:

Institute Name:

Institute Designatory Fellow/Full Member/Associate/Graduate  Membership No:

Phone Number:  Mobile:

Sign

Date

### COMPLETED FORM MUST BE SUBMITTED WITH THE FOLLOWINGS:

- 2 Passport Photographs
- Photocopy of certificate and Diploma
- 2 Self addressed stamped envelopes
- Any other relevant documents
- Photocopy of the receipt/Bank teller

### FOR OFFICE USE ONLY

Recommendation of the Registrar:

Elected as:

- |   |  |
|---|--|
| <input type="checkbox"/> Fellow           | <input type="checkbox"/> Graduate Member         |
| <input type="checkbox"/> Full Member      | <input type="checkbox"/> Honorary Fellow         |
| <input type="checkbox"/> Associate Member | <input type="checkbox"/> Candidate Not Qualified |

Reason(s) for disqualification

President & Chairman of council approval:

Name:

Signature

Date

PROFESSIONALISM & SERVICE



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In Support of your application you need to submit:

## YOUR CURRICULUM VITAE AND CONTINUING PROFESSIONAL DEVELOPMENT PLAN- GUIDANCE NOTES

What needs to be included to your application.

1. Your Current job position- please describe your current job.

- Your current Job position and your responsibilities in your organisation.
  - Your current financial responsibilities, if applicable.
  - The number of employees in your organisation and separately the number who report to you.
  - The key objectives of the position that you currently hold.
  - Your responsibilities for decision making and planning of resource allocation, and financial decisions, including turnover and budget etc in relation to hospitality, tourism, events, travels, logistics, transport and management.
- To whom do you report to? Your reporting lines (if you wish , attach a simple organisation chart, showing your position in your organisation including the number of employees.)

2. Your Career History

Give brief details of previous organisation, job titles, dates of employment, responsibilities, and any other relevant information, including any notable achievements you consider should support your application.

3. Your Education and Training

- Describe university Degree, HND, Postgraduate Diploma, Advanced Diploma and subject(s) taken (if any)
- Full details of other professional qualifications including name of the institutions or awarding bodies dates, and include copies of relevant qualification certificate.
- Other courses and Continue Professional Development (CPD) you may have taken.
- Enclose copies of relevant certificates.

4. Your Continuing Professional Development Plan.

I. As part of the process of applying for membership , Graduate, Associate, Full Member, Fellowship applicants must include a 2 year CPD plan to their application. Members of the Certified Institute of Hospitality Tourism and Management are required to remain current with developments in hospitality, tourism, events, travel, logistics and transport Management.

II. Suggestion of your CPD you may wish to consider including:

- Reading appropriate hospitality, tourism, events, travel, logistics and transport management news items, journal, and publications including CIHTM world and commit to using the web for hospitality, tourism, events, travel, logistics and transport management news and references.
- Supporting local CIHTM council or Branches through attendance of relevant meetings and AGM.
- Where possible attending conferences, seminars and workshops on hospitality, tourism, events, travel, logistics and transport management including but not exclusively those organised by CIHTM say once a year as a minimum.
- Providing Information to your peers on current practices in hospitality, tourism, events, travel, logistics and transport management.
- Doing a further qualification in hospitality, tourism, events, travel, logistics and transport management
- Monitoring younger members.

Please see CPD plan as an opportunity to think about your own plans and not a burden. We suggest you keep a diary for self assessment of your CPD achievements.

Signed

Date

**SECRETARIAT**

7, Daramola Street Isheri,  
Via Ojodu Berger Lagos  
Nigeria.

Website: [cihtm.org](http://cihtm.org), E-Mail: [membership@cihtm.org](mailto:membership@cihtm.org) or [info@cihtm.org](mailto:info@cihtm.org)