



Kindly affix passport

INDIVIDUAL MEMBERSHIP FORM

Qualification Criteria

To qualify to register, an individual must be or have held one of the following positions in a non-bank corporate organization or in the public sector for 3 years or more.

- Corporate Treasurer
- Finance Manager
- Treasury Manager
- Risk Manager
- Investment Manager
- Financial Controller
- Chief Financial Officer

(Duly completed forms should be submitted to the ACTN Secretariat or mailed to info@actn.org.ng)

Personal Information

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____

Mobile Phone: _____ Email Address: _____

Nationality: _____ Sex: _____ Birthday: _____

Degree/Professional Qualifications: _____

Number of years of post-qualification _____

Send correspondences to: Home Business





Business Information

Industry: _____
 Current Employer _____
 Position/Title: _____
 Business Address: _____
 City: _____ State: _____
 Business Phone: _____

Sponsor/Reference

(Applicants should provide details and obtain sign off from appropriate professional referees with no less than five years managerial experience in applicable fields and a direct supervisor to applicant)

Name: _____ Designation: _____
 Signature: _____ Date: _____

Candidate's Declaration

I hereby certify that the details provided by me in this form are accurate and suitable for use.

Prospective Member's Signature _____ Date: _____

Payment Information

Kindly attach to this form cheque or evidence of payment i.e. copies of tellers and electronic receipts of bank transfer

(a) Membership Categories -

Registration Fee -	₦ 10,000.00
Associate Annual Subscription Fee -	₦ 40,000.00
Member Annual Subscription Fee -	₦ 70,000.00
Fellow Annual Subscription Fee -	₦ 100,000.00

(b) Payment Details & Options

If issuing a cheque, kindly ensure it is in favour of Association of Corporate Treasurers LTD/GTE; for electronic transfer and cash deposits, kindly make payment into ACTN GTBank Account Number: 0222091153

***** For Official use only*****

Signature: _____ Date: _____





CORPORATE MEMBERSHIP FORM

BUSINESS INFORMATION

Organisation name:

Nominated Representative names: 1.

2.

Head Office address:

Switchboard Telephone Number:

Fax:

Email:

DECLARATION AND SIGNATURE

By applying for Corporate Membership of the ACTN, the organisation named above agrees to comply with, and ensure that its nominated representatives comply with the ACTN's regulations.

Signature:

Date:

Name (print):

Job Title:

PAYMENT INFORMATION

Kindly attach to this form cheque or evidence of payment i.e. copies of tellers and electronic receipts of bank transfer

(a) Membership fees -

- Registration Fee - ₦50,000.00 (one-off)
- Development Fee - ₦50,000.00 (one-off)
- Subscription Fee - ₦250,000.00

(b) Payment Details & Options

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***** **For Official use only** *****

Signature: _____

Date: _____

Registration Number:



Victory Olumuyiwa (Mrs.)
 President

Seun Akinfolarin
 Executive Secretary/CEO



TO BE COMPLETED BY NOMINATED CORPORATE REPRESENTATIVE

PERSONAL DETAILS

Surname:

First

Name(s):

Date of Birth:

Qualifications:

BUSINESS DETAILS

Job Title:

Office Address:

Direct Telephone:

Mobile (work):

Fax:

Email:

Main areas of responsibility:

Name & Title of person to whom you report:

HOME DETAILS

Home Address:

I agree that, as a Corporate Representative, I will abide by the ACTN's regulations and the Ethical Code and other Rules as made from time to time by the Governing Council of the ACTN.

Signature: _____

Date: _____





TO BE COMPLETED BY NOMINATED CORPORATE REPRESENTATIVE

PERSONAL DETAILS

Surname:

First

Name(s):

Date of Birth:

Qualifications:

BUSINESS DETAILS

Job Title:

Office Address:

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Mobile (work):

Fax:

Email:

Main areas of responsibility:

Name & Title of person to whom you report:

HOME DETAILS

Home Address:

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