



IT MERIT LEARNING PLACE
(Unifying to learn and empower IT Alumni)

EXECUTIVE CHAPTER _____
(Int'l, National or State)

SERIAL/REF NO. _____

MEMBERSHIP FORM



Affix
Passport
Here

1. Surname _____ First Name _____
Middle Name _____

2. Gender: M F Date of Birth: Day Month Year

3. Residential Address _____

Phone No.: _____ E-mail: _____ Twitter: _____

BBM: _____ Facebook ID _____ Other Social Media Handle _____

Whatsapp Phone No.: _____ Home Town: _____ L.G.A: _____

State of Origin: _____ Nationality: _____

Hobbies: _____ Marital Status: _____

Place of Work(s): _____ Designation: _____

Address: _____

4. Institution / IT Academy & Address: _____

Course of Study: _____ Qualification: _____

5. Contact person & Position: _____

Phone NO.: _____ E-mail: _____

Are you IT certified? Yes No

If Yes as Student Instructor Others _____

If Yes please provide registration details

Location _____ Month/Year _____

Institution / IT Academy _____ Awarding body _____

Certification(s) obtained: _____ Level: _____ Validity: _____

6. Previous IT Professional Training (if any certificate obtained) e.g A+ CCNA MOS MCSC CCNP
ORACLE PMP JAVA MYSQL OND HND B.SC MSC IATA UFTAA Others _____

Others: _____ Validity: _____

7. Are you a member of any other IT professional, body/society?

YES NO If YES state organisation or association / location _____