



NIGERIAN INSTITUTE OF TOWN PLANNERS

(Recognized by Decree No. 3 of 1988)

Form No

APPLICATION FOR ELECTION TO GRADUATE MEMBER

To: THE HON. NATIONAL SECRETARY

CORPORATE HEAD OFFICE: NITP - Bawa Bwari House,
Plot 2047, Michael Okpara Street, Wuse Zone 5
P.M.B. 7012, Garki, Abuja FCT.
Tel: 08023260134, 07037887474
E-mail: Info@ntp-ng.org,niitp@yahoo.com
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LAGOS LAISON OFFICE:
P.O.BOX 53727, FALOMO POST OFFICE,
12 Seidu street off Zoyin street Ikeja, IKOYI LAGOS
Website: www.nitpng.com

Passport
Size
photograph

Note: Applicants are advised to read Guidance Notes contained in Section C carefully before completing this form.

SECTION A

1. DECLARATION

I, Dr/Chief/ Mr./Mrs./Miss/Ms
(Full Name in BLOCK LETTERS): Surname to be underlined

-of
(Full postal address which will be used in the List of Members and for all correspondences in the event of election. The address given will also determine the State Chapter of the Institute to which the successful applicant will be allocated.)
desire to be elected as a Full/Graduate Member of The Nigerian Institute of Town Planners.

I promise that if I am elected, I will abide by and observe the provisions of the Bye laws, that I will pay the subscriptions prescribed for the class to which I am elected and that I will promote the objectives of the institute as far as may be in my power

I declare that I am years of age and that all the particulars given in this application are true and correct to the best of my knowledge and belief

As witness my hand this..... day of..... 20.....

Signature

E-mail:..... Mobile No:

2. SPONSORS

We the undersigned being Registered Town Planners, hereby support the application of Dr./Chief/Mr./Mrs/Miss/Ms

..... to be elected to the class of Full / Graduate Member of the Nigerian Institute of Town Planners. We consider from our personal knowledge, or from the enquires we have made, that the candidate has completed a minimum of two years professional work within Town Planning in accordance with The Nigerian Institute of Town Planner's guidelines. We consider that his work represents adequate practical experience in quality and breadth to justify the candidate becoming a Member of Nigerian Institute of Town Planners. We also consider that the candidate is, by his/her personal qualities, worthy to be a Member and we know of no reason why the candidate should not be a Member. We are prepared to answer any supplementary enquiries concerning the candidate or his /her statement.

Name & signature of proposer:..... Membership No:..... Date:.....

E-mail:.....M/phone:.....

Name & signature of supporter:..... Membership No:..... Date:.....

E-mail:.....M/phone:.....

3. EDUCATION

Give details of Professional and / or Degree or Diploma Examinations passed together with dates. In the case of degrees and diploma in Town Planning recognised for the purpose of affording exemption from the Institute's Final Examination, please give the date (month and year) when the course was successfully completed. For those qualifying by way of the Institute's Final Examination give (month and year) of sitting the successfully completed examination. Please state whether B.A., B.Sc., Dip. TP., Etc. Also give the formal description and the name of the university or college concerned e.g. B.Sc. (Hons) Geography University of Ibadan etc.

4. MEMBERSHIP OF THEIR PROFESSIONAL INSTITUTIONS

(Please state class of Membership with dates of election)

5. DATE OF ELECTION TO STUDENTSHIP OF THE NIGERIAN INSTITUTE OF TOWN PLANNERS

6. EMPLOYMENT RECORD

Give particulars of positions held and employing authorities or firms (past and present, e.g. Planning Assistant, Area Planning Officer, etc) giving dates (years and month):

POSITION HELD	DATES	EMPLOYING AGENCY

SECTION C

1. GUIDANCE NOTES FOR APPLICANTS, SPONSORS AND CORROBORATORS COMPLETING APPLICATION FORMS

- (i) This Application form should be submitted in duplicate.
- (ii) Applicant for membership require a Proposer, a Supporter and three (3) Corroborators to sponsor his/her application. The Proposer or Supporter must be Registered Town Planner and should wherever possible include the Head of the Department of practice for which the candidate works. The Corroborators should be in senior position and preferably full Members of NITP.
- (iii) The Proposer and Supporter must authenticate the Candidate's experience in Section A7 (Including extra sheets) to declare that the statements are true and correct.
- (iv) Each Corroborator must countersign the Candidate's experience in Section A7 (including extra sheets) and must also sign in the space provided in Section D2 (a) - (c).
- (v) Two (2) photostat copies each of all relevant credentials, receipt of application form and three (3) self-addressed stamped envelopes must be submitted with this application.
- (vi) Applicants who have not been issued certificates of courses should attach a letter of confirmation from Registrar of such institution. Transcript of courses or letter from Head of Department/School is not acceptable.
- (vii) All information contained in this application except for signatures must be typewritten.
- (viii) Applicants are reminded to supply all the required information and they are especially asked to ensure that correct signatures are obtained and that official positions held giving dates, month and year together with the names of employing authorities or firms, are clearly indicated. Applications will **NOT** be processed if they are not completed adequately.
- (ix) Enrolment fees and subscriptions are payable on election.

2. GUIDANCE FOR CANDIDATE'S STATEMENT OF EXPERIENCE

Summary of experience in Section A7 must not be less than 1000 words and must be written in such way that the experience gained may be judged in its totality having regard to your personal contributions to the practice of Urban and Regional Planning.

3. EXTRACT FROM THE CONSTITUTION (Full Members)

Every candidate for election as a Full Member shall:

- (i) have passed the appropriate examination or have been exempted there -from by the Council; and
- (ii) have had at least two years practical experience in Town Planning.

4. VALIDITY

This application form is valid for one year only.

SECTION D

CORROBORATION OF CANDIDATE'S STATEMENT

- (i) I am aware of the Nigerian Institute of Town Planner's guidelines for the candidate's statement as printed in section A and certify that the description of that part of the work which I have countersigned in the statement of experience submitted by
is to my own personal knowledge, correct in all particulars;
- (ii) that he/she is able to demonstrate an academic qualification (s) with acceptable planning content at Full or Graduate equivalent level: and
- (iii) that he/she satisfies the practical experience requirements for membership through the demonstration of significant (equivalent of ten years' full time) good quality and relevant town planning experience.

2.(a) Name of 1st Corroborator

Membership No E-mail..... M/phone No:.....

Address

Signed Date.....

Official position in relation to the candidate is that of

(b) Name of 2nd Corroborator.....

Membership No E-mail..... M/phone No:.....

Address

Signed Date.....

Official position in relation to the candidate is that of

(c) Name of 3rd Corroborator

Membership No E-mail..... M/phone No:.....

Address

Signed Date.....

Official position in relation to the candidate is that of

SECTION E
ENDORSEMENT BY STATE CHAPTER

I certify that the applicant Dr/Chief / Mr / Mrs/Miss/Ms.....is residing / Working in this State and is recommended for election as a Full/Graduate member of the Institute.

.....
NAME SIGNATURE
Chairman.....State Chapter Date.....

SECTION F
FOR NITP (OFFICIAL) USE ONLY

EDUCATION COMMITTEE
OFFICIAL RECEIPT NO.....

Chairman's Comments.....
Signature.....
Date.....

MEMBERSHIP COMMITTEE

Chairman's Comments.....
Signature.....
Date.....

NATIONAL COUNCIL

Council's Decision.....
.....
Signature of National Secretary.....
Date.....