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Recent  
Passport  
Photograph

# INSTITUTE OF CLASSIC ENTREPRENEURSHIP (ICEnt)

(First ISO 21001:2018 Certified and BQS Accredited Institute in Africa |Member of the Global Confederation of Certified Entrepreneurship and Innovation Institutes)

## MEMBERSHIP APPLICATION FORM

Completed application form should be submitted to:

**Head Office:** 102, Oyemekun Road, (Last Floor, 1st Wing), Opp. Oyemekun Grammar School, Akure, Ondo State, Nigeria.

**Website:** [www.homeofentrepreneurship.com/icent](http://www.homeofentrepreneurship.com/icent) **Email:** [icent@homeofentrepreneurship.com](mailto:icent@homeofentrepreneurship.com)

**Phone:** +2348073556701, +2348036689803, +2348023520943

### A. PERSONAL INFORMATION

Full Name (Surname)

Date of Birth:  Sex:  State of Origin/LGA:

Contact Address:

Telephone:  E-mail:

### B. EDUCATIONAL INSTITUTIONS ATTENDED/ACADEMIC QUALIFICATIONS WITH DATES

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### C. PROFESSIONAL QUALIFICATIONS:

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### D. EMPLOYMENT HISTORY (Including Post Held)

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**E. FOR EXISTING ENTREPRENEURS**

Name of Business/Firm: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Address/Location: \_\_\_\_\_

\_\_\_\_\_

**F. CATEGORY OF MEMBERSHIP (Please tick)**

Student  Grad.  Assoc.  Full  Senior  Fellow  Hon. Fellow  Corporate / Institutional

**G. NAME OF MENTOR**

Prof./Dr./Mr./Engr./Others (specify): \_\_\_\_\_

**H. CHECKLIST (Please tick)**

- 1. Completed Application Form
- 2. CV
- 3. Copies of Credentials
- 4. Recent Passport Photographs
- 5. Evidence of payment

**I. REFEREES (Must be signed by a senior member of any Professional Body, an MD/CEO of company or civil servant of GL 12 and above).**

1. Full Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Designation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sign/Date: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Designation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sign/Date: \_\_\_\_\_

**DECLARATION**

I affirm that the information provided above is true and that I should be held liable if any of the information is found incorrect or misleading

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY  
Recommendation**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_