



CIHTTMRDN



CIHTMA

**CERTIFIED INSTITUTE OF HOSPITALITY, TOURISM, TRAVELS
MANAGEMENT AND RESEARCH DEVELOPMENT OF NIGERIA**

IN COLLABORATION WITH

**CHARTERED INSTITUTE OF HOSPITALITY, TOURISM AND
MANAGEMENT OF AMERICA**

Head Office: No 14, Drive 1, Close 1, Prince and Princess Estate, By Kaura Market, Gudu, Abuja FCT

**APPLICATION FORM FOR MEMBERSHIP/TRAINING/CPD
FORM B**

Photograph

Section A: Personal Details

Applicant's Full Name: _____

Surname

First Name

Others

Email: _____ Phone Number: _____

Residential Address: _____ LGA: _____ State: _____

Date of Birth: _____ State of Origin: _____

Nationality (For Non-Nigerian) _____

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Section B: Professional Details

Current Job Title: _____

Current Employer: _____

Industry Segment (Hotel, Restaurant, Travel Agency, Culinary Academy etc.):

Years of Experience in the Hospitality, Travel and Tourism Industry:

**CIHTMRDN****CIHTMA****Section C: Academic Qualifications (Degree, Diploma, Certificate)**

	Name of Institutions	Qualification Obtained	Date	Certificate No.
Primary:				
Secondary:				
High Institutions:				

Section D: Professional Membership Registration**Training****CPD**

Please Select Appropriate Membership Category

- ☐ Doctorate Fellow ☐ (DI)
☐ Fellow (FCIHTMA) ☐
☐ Full Member (MCIHTMA) ☐
☐ Associate (ACIHTMA) ☐
☐ Graduate (GCIHTMA) ☐
☐ Corporate Member (CM) ☐

Please Select Appropriate Training needs

- ☐ Hospitality Management ☐
☐ Tourism Management ☐
☐ Travel Management ☐
☐ Event Management ☐
☐ Tour Guide ☐
☐ Logistics and Transport Management ☐
☐ Airport Operation Management ☐
☐ In House Training ☐

Payment Details :- GTB Account Number 0796100347 Chartered Inst. HTMA SMPCSL or FCMB Account Number 2000858561 College of Hospitality Tourism and Management

Section E: Litigation

Have you ever been convicted by any court of law or any court in Nigeria? If yes provide full account

☐ Yes ☐ No

Full account:



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Section F: Referees

Please provide two Professional Referees:

Name: John Daniel Enemona SNHT HT26PR021



Title: Registrar General

Organization: Chartered Institute of Hospitality Tourism and Management of America/Certified Institute of Hospitality, Tourism, Travels, Management and Research Development of Nigeria

Contact Information: 09027237598, 02092929183

Name: Oyekan Adetoye Bernard SNHT HT26PR0022



Title: Registrar

Organization: Organization: Chartered Institute of Hospitality Tourism and Management of America/Certified Institute of Hospitality, Tourism, Travels, Management and Research Development of Nigeria

Contact Information: 08034530043

Section G: Declaration

I hereby declare that the information provided is accurate and true. I understand that any false information may lead to rejection of my application or termination of my membership registration.

Signature: _____

Date: _____

Please return the completed application form to: The Registrar, Chartered Institute of Hospitality, Tourism, and Management of America No 14, Drive 1, Close 1, Prince and Princess Estate, By Kaura Market, Gudu, Abuja FCT or Via email address: info@cihtma.org

ENDORSED BY NIHOTOUR:

