



# APPLICATION FOR FELLOWSHIP OF THE CHEMICAL SOCIETY OF NIGERIA (CSN)

1.0 Name:..... 2. Chapter.....

1.3 Address.....4: Tel.....

1.5 e-mail address.....

1.6 Date of CSN Membership/CSN Member Certificate No.:.....

2.0 Qualifications:.....

3.0(a) Professional Company Status: (i) Name of Company .....

(ii) No. of Workers under you ..... (iii) Position/Rank in Company .....

(b) No of Years in Management Cadre..... Year of Promotion .....

4.0 Professional Academic Status (i).Name of Institution.....

(ii) Academic Rank..... (iii) No of Year in the Rank.....

(iv) Institutional Appointment (if Any).....

5.0 List at least 5 CSN Conferences attended with dates (Starting with the most recent) Attach receipts

i. ....

ii. ....

iii. ....

iv. ....

v. ....

6.0 Have you paid your annual dues for the last 5 years including the current year? (Attach evidence of payment and/ or CSN receipt of payment)

(a) Annual Dues 20 ..... (Yes/ No) Receipt No.....

(b) Annual Dues 20..... (Yes/ No) Receipt No.....

(c) Annual Dues 20..... (Yes/No) Receipt No .....

(d) Annual Dues 20..... (Yes/No) Receipt No .....

(e) Annual Dues 20..... (Yes/No) Receipt No .....

AFFIX  
PASSPORT SIZE  
PHOTOGRAPH  
HERE



7.0 List your major contribution to CSN (Use additional sheets if required)

.....  
.....  
.....

8.0 Major Professional Contributions to Community/ Academic Industry

.....  
.....  
.....

9.0 Give reasons why you consider yourself suitable for CSN Fellowship this year (Use additional sheet)

.....

10.0 Declaration by the Applicant:

I declare that the information given above is correct and true. Any discrepancies discovered after the submission could lead to my disqualification.

.....  
Signature of the Applicant

.....  
Date

11.0 Attestation by the Local Chapter of CSN

.....  
Name and Signature of Chairman

.....  
Name and Signature of Secretary

12.0 N/B: Have You Paid the Application Fee of Ten thousand (N10,000.00) only to CSN Account?

13.0 You are to submit 10 hard copies of your completed application form together with a copy of CV and all relevant credentials/documents including payment teller for the application through your **Chapter Chairman who will forward same to the Chairman Committee of Fellows.**

**FOR OFFICIAL USE ONLY**

Date Application Received: .....

Nomination Accepted/Rejected.....

Reasons for Rejection: .....

.....  
Name and Signature of Chairman, Committee of Fellows.