



MEMBERSHIP RECERTIFICATION FORM

Surname: _____

Other names: _____

CONTACT ADDRESS

Office: _____

Home: _____

Tel no.(s) _____ E-mail: _____

Current Membership Grade: _____ Date Last Upgraded: _____

Chapter Belonged: _____

PASSPORT
PHOTOGRAPH

TESTIMONY TO CONDUCT AND PRACTICE

(1) NIPR Member _____

Name

Practice Number

Grade

Surname _____ Date _____

(2) Employer or Business Partner or Client

Full Name _____

Address _____

Signature _____ Date _____

Membership oath of Allegiance

I..... do solemnly pledge to uphold the provision of the NIPR Act No 16 of 1990, Vol. 12 cap N14 Laws of the federation of Nigeria 2004 and to jealously guard the full implementation of the Act at all times as well as to obey and abide with all rules, regulations and bye-laws made pursuant to the Act and to conduct myself or my affairs with the code of ethics and standard guide of practice while maintaining professional dignity and avoiding any act or behavior that may be of prejudice or bring NIPR into disrepute.

Before

Commissioner of Oaths or Notary Public