



NIGERIAN SOCIETY FOR MICROBIOLOGY (NSM)

APPLICATION FOR MEMBERSHIP

I wish to become a member of the Nigerian Society for Microbiology

1. Name:
(Title) (Surname) (Date of Birth) (Other Names)
2. Academic Qualifications:
3. Field of Specialization:
4. Occupation:
5. Years of Experience:
6. Permanent Address:
7. Correspondence:
Tel. NO..... FAX..... E-mail.....
8. Class of Membership required: (Tick choice): Full/Fellow/Honorary/Life/Corporate/Student
9. (i) Registration:

| | | | | |
|----------------|-------------|---------------------|-----------------|--------------|
| Full/Honorary= | ₦6,000.00 | Annual Dues: | Full/Honorary = | ₦ 6,000.00 |
| Student = | ₦ 1000.00 | | Life = | ₦ 20,000.00 |
| Life = | ₦ 20,000.00 | | Corporate = | ₦ 200,000.00 |
| Corporate = | ₦ 20,000.00 | UG Student=#500.00 | PG student= | ₦ 1000.00 |

(ii) **Payment:** Pay to any branch **UNION BANK NIG. PLC** (Idi Araba, Lagos)

ACC NO: 0007380241, ACC NAME: NIGERIAN SOCIETY FOR MICROBIOLOGY

Scanned copy of Teller be sent to the Secretary via email address: nsmsecretariat@yahoo.com, ualiyu@gmail.com

* Student membership forms **MUST** be endorsed by his/her HOD

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H.O.D.'s Name Signature Date
10. Specialized groups (tick choice): A member of NSM must belong to at least one group
- (a) **Industrial, Food and Pharmaceutical Microbiology Group**
Incorporate all aspects of Industrial and Environmental Microbiology, Food Microbiology, Pharmaceutical Microbiology
- (b) **Medical Microbiology and Parasitology Group**
Incorporate all aspects of Pathogenic Microbiology, Immunology, Virology, Parasitology, Public Health.
- (c) **Agricultural Microbiology Group**
Incorporate Plant Microbiology and Pathology, Rhizobiology, Soil Microbiology, etc.
11. **Declaration:** I declare that the information given above is correct.

Signature:..... Date:.....

Send the completed form to:

Dr. Usman Dustsinma
The Secretary (NSM),
Department of Microbiology,
Bayero University Kano
ualiyu@gmail.com; secretary@nsm.ng

FOR OFFICIAL USE ONLY

The above named Prof./Dr/Mr./Mrs./Miss.....Of.....has been accepted as.....member of the Nigerian Society for Microbiology (NSM) upon payment of.....naira for which Receipt No.....of.....was issued. Received by Secretary on.....Secretary's signature:.....Information sent to Treasurer on:.....

