



CHARTERED INSTITUTE OF OPERATIONS AND SUPPLY CHAIN MANAGEMENT USA

MEMBERSHIP FORM

Indicate the Grade of Membership you wish to apply for

Student

Graduate

Associate

Full

Fellow

Doctor Fellow

Affiliate

Corporate
Membership

Tick the area of interest you wish to enroll

CHARTERED OPERATIONS MANAGEMENT PROFESSIONAL

CHARTERED SUPPLY CHAIN MANAGEMENT PROFESSIONAL

CHARTERED OPERATIONS AND QUALITY PROFESSIONAL

CHARTERED SOURCING MANAGEMENT PROFESSIONAL

CHARTERED PROCUREMENT OPERATIONS PROFESSIONAL

CHARTERED DISTRIBUTION AND RETAIL MANAGEMENT PROFESSIONAL

CHARTERED PRODUCTION MANAGEMENT PROFESSIONAL

CHARTERED OPERATIONS AND LOGISTICS PROFESSIONAL

FULL NAME:

DATE OF BIRTH:

LGA:

STATE OF ORIGIN:

COUNTRY:

TELEPHONE:

EMAIL:

EMPLOYER:

QUALIFICATION:

ADDRESS:

SIGNATURE:

DATE:

YEARS OF WORKING EXPERIENCE:

POSITION:

PRIMARY:

SECONDARY:

UNIVERSITY/ COLLEGE:

DIPLOMA/DEGREE OBTAINED:

PROFESSIONAL MEMBERSHIP IF ANY: