INSTITUTE OF CYBERSECURITY & ARTIFICIAL INTELLIGENCE PROFESSIONALS (ICAIP)

DIRECT MEMBERSHIP APPLICATION FORM

MEMBERSHIP CATEGORY

Please tick (✓) the appropriate category:

☐ Student Member
☐ Graduate Member - GMICAIP
☐ Associate Member - AMICAIP
☐ Full Member - MICAIP
☐ Fellow – FICAIP
☐ Doctoral Research Fellow – DRFICAIP
☐ Honorary Fellow - Hon.FICAIP
☐ Distinguished Fellow – D.FICAIP
☐ Grand Fellow – GFICAIP
☐ Corporate Member - CMICAIP
☐ Institutional Member - IMICAIP

SECTION A: PERSONAL INFORMATION **(USE CAPLOCK)**

Full Name: _____
(Surname) *(First Name)* *(other)*

Gender: ☐ Male ☐ Female ☐ Prefer Not to Say

Date of Birth: _____ Nationality: _____

State/Province (LGA): _____

Residential Address: _____

Mobile Phone Number: _____ Tel: _____

Email Address: _____

LinkedIn Profile (Optional): _____

Website/Portfolio (Optional): _____

SECTION B: PROFESSIONAL INFORMATION

Current Occupation/Position: _____

Employer/Organization: _____

Organization Address: _____

Years of Professional Experience:

☐ Less than 1 Year ☐ 1–3 Years ☐ 4–7 Years ☐ 8–15 Years ☐ Above 15 Years

Area of Professional Practice (Tick all applicable):

☐ Cybersecurity
☐ Artificial Intelligence
☐ Data Science
☐ Information Technology
☐ Digital Forensics
☐ Cloud Computing
☐ Software Engineering
☐ Network Administration
☐ Governance, Risk & Compliance
☐ Research & Academia
☐ Business Analysis
☐ Project Management
☐ Other: _____

SECTION C: EDUCATIONAL QUALIFICATIONS

Qualification: _____ Institution: _____
Year Obtained: _____

☐ Secondary School ☐ Diploma/ND/NCE ☐ HND/Bachelor's Degree
☐ Master's Degree ☐ Doctorate Degree

SECTION D: PROFESSIONAL CERTIFICATIONS

(Please list relevant certifications obtained)

Certification: _____ Awarding Body: _____
Year: _____

SECTION E: PROFESSIONAL EXPERIENCE

(Please provide a summary of your experience in Cybersecurity, Artificial Intelligence, Information Technology, Research, Education, or related fields)

_____
_____
_____
_____
_____

SECTION F: MEMBERSHIP ELIGIBILITY EVIDENCE

Please attach copies of:

☐ Curriculum Vitae (CV)
☐ Educational Certificates
☐ Professional Certifications
☐ National Identification
☐ Passport Photograph
☐ Proof of Employment (if applicable)
☐ Evidence of Professional Practice
☐ Publications/Research Papers (if applicable)

SECTION G: PROFESSIONAL REFERENCES

a. Referee

Name: _____
Organization: _____
Position: _____
Phone Number: _____
Email Address: _____
Relationship to Applicant: _____

b. Referee

Name: _____
Organization: _____
Position: _____
Phone Number: _____
Email Address: _____
Relationship to Applicant: _____

SECTION H: CODE OF ETHICS UNDERTAKING

I hereby affirm that:

The information provided in this application is true and correct.

I agree to abide by the Constitution, By-laws, Code of Ethics, and Professional Standards of ICAIP.

I will conduct myself professionally and uphold the integrity of the cybersecurity and artificial intelligence professions.

I understand that membership may be revoked if any information supplied is found to be false or misleading.

Signature: _____ Date: _____

SECTION I: DATA PROTECTION CONSENT

I consent to the collection, storage, processing, and use of my personal data by ICAIP for membership administration, professional development activities, certification management, and institutional communication in accordance with applicable data protection regulations.

☐ I Agree

Signature: _____ Date: _____

SECTION J: PAYMENT INFORMATION

Membership Registration Fee: _____ Annual Membership Due: _____
Payment Reference Number: _____ Date Paid: _____

OFFICIAL USE ONLY

Application Number: _____
Membership Category Approved: _____
Membership ID Number: _____
Review Committee Remarks:

Status:

☐ Approved
☐ Deferred
☐ Rejected
Reviewed By: _____
Position: _____

Signature: _____ Date:_____

Official Stamp:

ICAIP CONTACT INFORMATION

Institute of Cybersecurity and Artificial Intelligence Professionals (ICAIP)

Website: _____
Email: _____
Phone: _____
Head Office Address: _____