



NIGERIAN STATISTICAL ASSOCIATION

Website: <http://www.nsang.org>

STUDENT MEMBERSHIP FORM

PASSPORT
PHOTO

PERSONAL INFORMATION

Surname:	
Other Names:	
Date of Birth:	
Course of Study:	Department:
Area of Statistical Interest:	
Institution:	
Address:	
Telephone:	
E-mail:	

EDUCATIONAL QUALIFICATION

NAME OF INSTITUTION	LOCATION	ATTENDANCE DATES	GRADUATION DATE	CERTIFICATE OBTAINED

ARE YOU A MEMBER OF NASS? Yes/No
If yes, when did you register? _____

CERTIFICATION: I certify that the above information is correct.

Signature _____ Date: _____

Signature and Stamp _____ Date: _____
NASS President

Signature and Stamp _____ Date: _____
Head of Department

For official use

Admitted	Yes/No	Date		
Name of Officer:		Designation:	Signature:	Date: