



ASSOCIATION OF ENTERPRISE RISK MANAGEMENT PROFESSIONALS

OFFICE NO 11,GROUND FLOOR KINGSWAY BUILDING, NEAR CASH AND CARRY , 51-52 MARINA, LAGOS.

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CORPORATE MEMBERSHIP APPLICATION FORM

1. COMPANY / INSTITUTION NAME:
2. TYPE OF BUSINESS:
3. COMPANY ADDRESS:
4. CONTACT TELEPHONE:
5. COMPANY EMAIL ADDRESS:
6. APPLICABLE FEE:

COMPANY REPRESENTATIVE:

NAME:

POSITION:

TELEPHONE:

EMAIL:

WE DECLARE THAT

- (a) The above information is correct
- (b) We will endeavor to further the objectives of the Association of Enterprise Risk Management Professionals
- (c) We will abide by the rules and regulations of the association (AERMP)
- (d) We will accept responsibility for any error, wrong information or omission contained in this form.

SIGNATURE/DATE: