



**ASSOCIATION OF PROFESSIONAL COUNSELLORS IN NIGERIA (APROCON)**

**ELECTIONS OF NATIONAL EXECUTIVES OF APROCON**

**2024 ELECTIONS NOMINATION FORM**

**CANDIDATE'S INFORMATION**

**Name:**-----

**Gender:**-----

**Phone Number:**-----

**Email:**-----

**APROCON Membership Number:**-----

**State:**-----

**EDUCATIONAL QUALIFICATIONS (With Dates)**

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**CONFERENCES ATTENDED (With Dates)**

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**POST ASPIRING FOR**

**PREVIOUS EXECUTIVE POSITIONS (With Dates)**  
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**CONTRIBUTIONS TO APROCON DEVELOPMENT**

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**STATE CHAIRPERSON ATTESTATION**

I hereby confirm that \_\_\_\_\_ is a member of  
APROCON \_\_\_\_\_ (State)

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**CERTIFICATION**

I HEREBY certify that all statements made in this form are true and correct. I am aware and understand that by submitting this nomination form, the association reserves the right to verify statements and claims made therein. Therefore, I understand and agree that false or misleading information shall lead to my disqualification.

**Signature**

**Date**

**Note:** *Kindly attach your CV and evidence of payment to the nomination form*