

Pls. Attach

2x2

ID Picture



PHILIPPINE SOCIETY OF MECHANICAL ENGINEERS

Central Region Saudi Arabia, Riyadh, KSA

Affiliated to PSME National Chapter

Chartered 2002

PSME CRSA Head Quarters

P.O. Box 2220 Riyadh 11451 KSA

E-Mail: psme_crса@yahoogroups.com

Date: _____

I hereby apply admission to the PSME CRSA as: Life Member <input type="checkbox"/> Regular Member <input type="checkbox"/> Associate Member (BSME Graduate or CPM) <input type="checkbox"/> Chapter: RIYADH CHAPTER PSME ID No. _____		REFERENCES 1. Name: _____ Address: _____ 2. Name: _____ Address: _____	APPLICATION FOR MEMBERSHIP (PSME Regular/ Life Member)	
PERSONAL INFORMATION Complete Name: (Family / First / Middle) _____ Complete Home or Mailing Address: (include ZIP Code) _____ Date of Birth (Day/Mo/Yr) _____ Telephone Number(s) _____ Place of Birth: _____ Email Add: _____ Marital Status: Single Married Others (Specify) _____ TIN No.: _____ Name of Spouse: _____ No. of Children: _____				
COLLEGIATE ATTAINMENT Name and Address of Academic Institute _____		Type of Degree _____ Date of Degree _____		
PROFESSIONAL CREDENTIALS PRC Professional Grade <input type="checkbox"/> Professional Mechanical Engineer (PME) <input type="checkbox"/> Registered Mechanical Engineer (RME) <input type="checkbox"/> Certified Plant Mechanic (CPM) <input type="checkbox"/> Others (Specify) _____		License Number _____		
		Date Registered _____		
Area of Professional Practice / Employment <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Industry / Manufacturing <input type="checkbox"/> Government <input type="checkbox"/> Construction </div> <div style="width: 45%;"> <input type="checkbox"/> Education / Academe' <input type="checkbox"/> Trading / Sales <input type="checkbox"/> Other's (Specify) _____ </div> </div>				
Employment History Current Employment History & Address, Tel. / Fax. No. Company: _____ Tel. No.: _____ Fax. No.: _____ Mobile No.: _____		Position Title: _____ Employment Date Designation From To		
CERTIFICATION I subscribe to the foregoing information and if elected as member, I will be governed by the Constitution and By-laws of the Society and its Code of Ethics. Furthermore I agree to promote the objectives of the Society and top participate in the programs and activities of PSME <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature / Over Printed Name _____ </div> <div style="width: 35%;"> Date _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 20%;">Life</div> <div style="width: 20%;">Regular</div> <div style="width: 20%;">Student</div> <div style="width: 20%;">O.R. No.</div> <div style="width: 20%;">Date Issued</div> </div> Membership Fees _____				