



PHILIPPINE SOCIETY OF MECHANICAL ENGINEERS

INTEGRATED ASSOCIATION OF MECHANICAL ENGINEERS

Certificate of Accreditation No. I-APO -004

Professional Regulation Commissions

Room 401 Fourth Floor, Don Lorenzo Building

889 P. Paredes Street, Sampaloc Manila

Tel No. 736-2043, Telefax: 493-4268, email-address: national@psme.org.ph



APPLICATION FOR MEMBERSHIP

I hereby apply for admission to the SOCIETY as (Please SHADE the appropriate box) <input type="checkbox"/> Life Member <input type="checkbox"/> Regular Member <input type="checkbox"/> Associate Member (BSME Graduate or CPM) <input type="checkbox"/> Student Member (3rd to 5th Year Enrollee)	THREE REFERENCES (PSME Regular / Life Members):	
	1. Name :	Address:
	2. Name:	Address:
	3. Name:	Address:
CHAPTER: WRSA, JEDDAH CHAPTER		
PSME Identification Number:		

PERSONAL INFORMATION

LAST NAME:	Gender:	Tel No:
FIRST NAME:	Birth Date:	Mobile No:
MIDDLE NAME:	Citizenship:	Email Add:
Complete Home Address (include ZIP code):		
Place of Birth:		
Marital Status:		TAX Identification No:
Name of Spouse:		SSS / GSIS:
		Number of Children:

COLLEGIATE ATTAINMENT

Name and Address of Academic Institution	Type of Degree:	Date of Degree:
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PROFESSIONAL CREDENTIAL

PRC Professional Grade	License Number	Date Registered
<input type="checkbox"/> Professional Mechanical Engineer (PME)		
<input type="checkbox"/> Registered Mechanical Engineer (RME)		
<input type="checkbox"/> Certified Plant Mechanic (CPM)		
<input type="checkbox"/> Other (Please specify)		
<input type="checkbox"/> None (BSME Graduate)		

Area of Professional Practice / Employment

<input type="checkbox"/> a. Industry / Manufacturing	<input type="checkbox"/> d. Education	<input type="checkbox"/> g. Others (please Specify):
<input type="checkbox"/> b. Government	<input type="checkbox"/> e. Trading / Sales	
<input type="checkbox"/> c. Construction	<input type="checkbox"/> f. Private Practice	<input type="checkbox"/> h. Retired

Field of Specialization:

EMPLOYMENT HISTORY

Employer / Company Name & Complete Address, Tel / Fax Nos.	Position / Title / Designation	Employment Date	
(current Company as Alternate Mailing Address: <input type="checkbox"/> YES <input type="checkbox"/> NO)		From	To

(Append extra sheet if necessary)

CERTIFICATION

<div>Please attached two (2) Passport size id with name tag.</div>	I subscribe to the foregoing information and if elected as member, I will be governed by the institution and By-laws of the Society and its Code of Ethics. Furthermore, I agree to promote the objectives of the Society and to participate in the programs and activities of PSME.	
	Signature	Date

WRITE YOUR FULL NAME HERE: