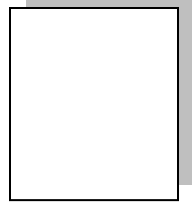




PHILIPPINES SOCIETY OF PLUMBING ENGINEERS (PSPE), INC.

4th Floor, RCDC Bldg. No. 154 Roosevelt Ave.
 cor. Del Monte SFDM, Quezon City, Philippine
 Telefax No. 332-8713/ Email Address: pspe_sec@yahoo.com.ph
 Website: www.pspeinc.org



MEMBERSHIP APPLICATION

No. _____

First Name _____ (Nickname) _____ Middle Name _____ Last Name _____

Birth Date : Mo. _____ Day _____ Year _____ I Have Have not previously for or held membership in the Society

RESIDENCE Street Address _____ City _____ Area Code _____

Check Preferred Mailing Address Home Phone () _____ Email _____

BUSINESS Organization Name _____ Phone () _____ Fax _____

Address _____ City _____ Area Code _____

EDUCATIONAL RECORD

	Name of Institution	Course/Major	Date Graduated	Degree of Diploma
High School				
College/University				
Technical School				
Others				

PROFESSIONAL EXPERIENCE (This section must be completed as it is affect membership grade classification. List chronically, with the present. Work description must be clear and concise: e.g., plumbing, piping, fire protection, HVAC, etc. Use additional sheet as necessary)

Date (Mo./Yr.)

From	To	Firm Name and Address	Description	Degree of Responsibility

PROFESSION: (If you have more than one profession, please indicate with the corresponding PRC License No.)

Profession	PRC License No. / Date Issued
_____	_____
_____	_____
_____	_____
_____	_____

REFERENCES: (References should be in Engineering Profession. PSPE reserve the right to contact references.)

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION BY APPLICANT

The undersigned certifies that all statements made herein are correct and, if elected to the Society, agrees to adhere the society's By-Laws and accept the classification conferred by Society. Upon becoming a member, the applicant will endeavor to advance the objectives of the Society and the plumbing engineering profession.

Signature of Applicant _____ Date _____

For PSPE USE ONLY
(Do not fill)

Annual Membership Fee P _____
 Annual Dues /Year _____
 Membership ID _____
 Life member _____
 Other _____
TOTAL P _____

Treasurer _____
 Date: _____
 Accepted By: _____

 President

Note: All Application should be approved by the Chairman of the Committee on Membership and by the National President with in three (3) months upon application prior to the issuance of Membership Certificate and Membership ID