Philippine Society of Safety Practitioners
Middle East Region

Al-Khobar 31952, Kingdom of Saudi Arabia

APPLICATION FOR MEMBERSHIP

Please type or print legibly

Name: Mr. / Ms. _____ (Last Name) _____ (First Name) _____ (Middle Name)

Current Position: _____

Company Name: _____

Company Address: _____

Telephone no. _____ Fax no. _____ E-mail : _____

Civil Status _____ Birth date _____ Age _____ Nationality _____ Height _____

Permanent Address in the Philippines: _____

In case of emergency contact info:

Contact Person :	
Contact Number :	
Address :	

Degree Received

College / University	Degree Attained	Year Graduated

Profession

Professional Registration	License / Registration Number

Membership (Professional & Related to Health & Safety)

Position / Category	Name of the Organization	Address / Location

"I certify that the information given above is complete and accurate, that I am applying for membership with the Philippine Society of Safety Practitioners - Middle East Region (PSSP-MER), and the organization reserves the right to accept or deny my application."

Signature Over Printed Name & Date

Treasurer Signature

Do not write below this line

The candidate is accepted as:

Professional Member ☐ **Regular Member** ☐ **Associate Member** ☐ **Interim Member** ☐

Membership ID # : _____ Date of Membership : _____

Recommending Approval : **Approval :**

Chairman, Membership Committee

PSSP-MER President

Attached: Updated Resume & 2 pcs. (2 x 2) colored picture

File, Chairman, Membership Committee