



Philippine Society of Safety Practitioners Middle East Region

Al-Khobar 31952, Kingdom of Saudi Arabia

MEMBERSHIP RENEWAL / UPGRADE

Please type or print legibly

Name: Mr. / Ms. _____
(First Name) (M.I.) (Family Name)

Profession / Designation : _____

Membership No. _____

Date Registered : _____

Current Membership Status:

Professional Member Regular Member Associate Member Interim Member

NOTE : Please attach new colored ID picture if you want to change your ID photo .

Employer or Company Name : _____

Company Address : _____

In case of emergency contact info:

Contact Person	_____
Address:	_____

Contact Number (Tel. / CP No.)	_____

I certify that the information given above is complete and accurate, that I am renewing 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

Payment Received by : _____
PSSP-MER Treasurer

Do not write below this line

The candidate is accepted and/or upgraded as :

Professional Member Regular Member Associate Member Interim Member

Recommending Approval: _____
Chairman, Membership Committee

Approval: _____
President

Attached: Copy of documents to support the upgraded process

File, Chairman, Membership Committee