



# 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