



1x1 ID Picture  
(taken in the  
last six  
months)

**MEMBERSHIP INFORMATION SHEET**

INSTRUCTION: Please print legibly. Put appropriate boxes with a check mark (✓). Fields with asterisk are required.

\*Type of Membership Desired:       Annual Membership       Life Membership

<b>I. PERSONAL INFORMATION</b>																																
*Surname																																
*First name																																
*Middle name												*Name Extension (e.g. Jr, Sr)																				
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female																															
*Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled																															
*Date of Birth (mm/dd/yyyy)												/										*Citizenship:										
*Email Address																																
*Permanent Address	*Name of municipality:				*Name of province:				*Region:																							
*Mobile Number:					*Office Address:																											
* Home Telephone# (if any):																																
*Office Telephone#																																
<b>II. EDUCATIONAL BACKGROUND</b>																																
*School Attended				*Year Covered				*Degree Earned (Write in Full)																								
<b>III. WORK EXPERIENCE</b>																																
*Name of Company				*Designation				*Period Covered																								
Membership in professional and other organizations (include any special responsibilities, positions, etc.): Use separate sheets if needed.																																
Research and publications undertaken (use separate sheets if needed):																																
Topics in Research, Statistics or related fields that can be handled in seminars/workshops:																																

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**ENDORSED BY:**

**RECOMMENDED BY:**

**APPROVED BY:**

\_\_\_\_\_  
Signature Over Printed Name  
(PARSSU Member in Good Standing)

\_\_\_\_\_  
Signature Over Printed Name  
(Chair, PARSSU Membership Committee)

\_\_\_\_\_  
Signature Over Printed Name  
(PARSSU BOARD Secretary)