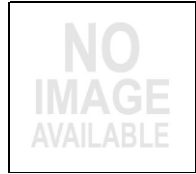




INSTITUTE OF ELECTRONICS ENGINEERS OF THE PHILIPPINES, INC.
 SUITE 712 CITYLAND SHAW TOWER COR. ST. FRANCIS ST. MANDALUYONG
 THE ACCREDITED PROFESSIONAL ORGANIZATION IN THE PHILS. (I-APO NO. 05)
 TEL.NOS. 687-7187 TELEFAX NO. 687-1676
 e-mail add.: iecepsecretariat@yahoo.com website: www.iecep-ph.org



MEMBERSHIP FORM

MEMBERSHIP NO. _____ CHAPTER AFFILIATION _____

NEW () RENEWAL () ASSOCIATE () LIFE () UPDATE ()

NAME: _____
(Surname) (First Name) (Ext) (Middle Name)

LICENSE NO. (PECE ECE ECT) _____ DATE OF EXAM: _____ PRC ID VALIDITY: _____
(MM/DD/YEAR)

BLOOD TYPE: _____ BIRTHDATE: _____ PLACE OF BIRTH: _____
(MM/DD/YEAR)

HOME ADDRESS: _____ ZIP CODE: _____

TELEPHONE NO. _____ MOBILE NO. _____

EDUCATIONAL ATTAINMENT:

DEGREE	SCHOOL	YEAR

JOB POSITION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE NO. _____ FAX NO. _____

FIELD OF EXPERTISE: (YOU MAY TICK MORE THAN 1)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Academe | <input type="checkbox"/> Electronics | <input type="checkbox"/> Military |
| <input type="checkbox"/> Broadcasting | <input type="checkbox"/> Government | <input type="checkbox"/> Power Sector |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Semiconductor |
| <input type="checkbox"/> Consultancy | <input type="checkbox"/> Management | <input type="checkbox"/> Telecommunication |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Others _____ |

SALARY RANGE: Php 9,999 & below Php 10,000 - 19,999 Php 20,000 - 29,999 Php 30,000 - 39,999
 Php 40,000 - 49,999 Php 50,000 - 59,999 Php 60,000 & above

CATEGORY	NAME OF EMPLOYER	JOB POSITION	INCLUSIVE DATES	FIELD OF EXPERTISE	SALARY RANGE
RELATED TO ELECTRONICS ENGINEERING					
NOT RELATED TO ELECTRONICS ENGINEERING					

EMAIL ADDRESS: _____ PREFERRED MAILING ADDRESS: HOME OFFICE

SIGNATURE: _____ DATE: _____

IN CASE OF EMERGENCY

NAME OF CONTACT PERSON: _____
 HOME ADDRESS : _____
 CONTACT : _____

FOR IECEP SECRETARIAT USE ONLY

MEMBERSHIP NO. _____ CGS NO. _____
 OFFICIAL RECEIPT NO. _____ AMOUNT _____
 TRACKING NO. _____ BACKDUES _____