



#3 Pamille Place, Toronto, Ontario, Canada M6M 3A9

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Facebook Group: [Filipino Construction Professionals of Ontario](#)

www.filconpro.com

Tel. #: 647 969 3819; 905 503 0437; 416 659 7956

APPLICATION FORM



I hereby apply

for renewal of membership

as new member

1. Personal Information:

Name		Date of Birth (DD/MM/YY)	Place of Birth (City/Country)
Company		Mailing Address	
Department/Division	Your Present Position		Principal Function of Present Position
Office Tel. Number	Fax Number	Home Tel. Number	Mobile Number
Home Address (PHILS)		Tel. Number (PHILS)	Email Address

2. Collegiate Attainment:

Name and Address of Academic Institution	Type of Degree	Date Graduated

3. Professional Credentials:

Professional Grade	License Number	Date Registered
<input type="checkbox"/> Professional Engineer (P.Eng)		
<input type="checkbox"/> Certified Engineering Technologist (CET)		
<input type="checkbox"/> Certified Technician (C.Tech)		
<input type="checkbox"/> Applied Science Technologist (A.Sc.T.)		
<input type="checkbox"/> Others (specify)		

4. Area of Employment:

- | | | |
|--|---|--|
| <input type="checkbox"/> Civil Engineering
<input type="checkbox"/> Electrical Engineering
<input type="checkbox"/> Elec. Communications Eng'g
<input type="checkbox"/> Design and Consulting
<input type="checkbox"/> Govt/Public Works/Military
<input type="checkbox"/> Architectural Design
<input type="checkbox"/> Industrial Safety | <input type="checkbox"/> Industrial Engineering
<input type="checkbox"/> Information Technology
<input type="checkbox"/> Instrumentation and Controls
<input type="checkbox"/> Manufacturing/Production
<input type="checkbox"/> Materials Management
<input type="checkbox"/> Mechanical Engineering
<input type="checkbox"/> Power Generation | <input type="checkbox"/> Project & Construction Mgt.
<input type="checkbox"/> QA/QC, Inspection, Quality Tech
<input type="checkbox"/> Research and Development
<input type="checkbox"/> Sales and Marketing
<input type="checkbox"/> Training and Education
<input type="checkbox"/> Utilities/Energy
<input type="checkbox"/> Others (Specify) _____ |
|--|---|--|

5. Sports Interest:

- | | | | | |
|-------------------------------------|--------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Chess | <input type="checkbox"/> Badminton | <input type="checkbox"/> Table Tennis | <input type="checkbox"/> Others (Specify) _____ |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Dart | <input type="checkbox"/> Lawn Tennis | <input type="checkbox"/> Volleyball | |

6. Professional/Sports and Other Affiliations: _____

I subscribe to the foregoing information and if accepted, I will be governed by the Constitution and By-laws of the Organization. Furthermore, I agree to promote the objectives of the group and to participate in the programs and activities of FilConPRO.

Signature _____
Date

Membership Fees:	Amount	For Old Member:
<input type="checkbox"/> New Member	\$10.00	ID No.:
<input type="checkbox"/> Renewal	\$10.00	Member since :

Note: Submit duly accomplished form together with the fees to CMID Officer/Secretariat.