



1146 Roselawn Ave., Toronto, Ontario, Canada M6B 1C4
 E-mail: filconpro@yahoo.ca
 Facebook and LinkedIn Group: [Filipino Construction Professionals of Ontario](https://www.facebook.com/filconpro)
www.filconpro.com
 Tel. #: 647-8007204; 416-9974504; 647-9235934

APPLICATION FORM

<input type="checkbox"/> I hereby apply	<input type="checkbox"/> for renewal of membership	<input type="checkbox"/> as new member
---	--	--

1. Personal Information:

Name		Date of Birth (DD/MMM/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)		Office Email Address		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)/ Certified Technician (C.Tech)		
<input type="checkbox"/> Professional Quantity Surveyor (PQS)		
<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. Job Preference:

6. 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 | |

7. 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	\$20.00	ID No.:
<input type="checkbox"/> Renewal	\$20.00	Member since :

NOTE: Submit duly accomplished form together with the fees to CMID Officer/Secretariat or email to filconpro@yahoo.ca
 - Fees can be paid thru interact payment or call (Jo)416-9974504 for information