



**PHILIPPINE STATISTICAL ASSOCIATION, INC.**

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1X1ID picture  
(taken within the  
last 6 months)

**INFORMATION FOR ID**

**Personal Information**

Surname	First Name	Middle Name
Date of Birth: _____	Civil Status: _____	Sex: __ M __ F
Residential Address: _____		
Blood type: _____		
Contact Information:		
Email Address: _____		
Contact Nos:	Landline _____	
	Mobile _____	
Person to be contacted in case of emergency:		
Relationship: _____	Contact No.: _____	

**PSAI MEMBERS INFORMATION UPDATE**

**TYPE OF MEMBERSHIP**

\_\_\_\_\_ Individual Regular Member  
\_\_\_\_\_ Life Member  
\_\_\_\_\_ Chapter Members (please specify the region) \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle*

Date of Birth \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Home Address \_\_\_\_\_

Telephone No. \_\_\_\_\_  
Cellphone No. \_\_\_\_\_

Company/Agency \_\_\_\_\_  
Address \_\_\_\_\_

Company E-mail Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Cellphone No. \_\_\_\_\_  
Designation \_\_\_\_\_  
Department \_\_\_\_\_