



PHILIPPINE STATISTICAL ASSOCIATION, INC.
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 Website: philstat.org.ph

1X1ID picture
 (taken within the
 last 6 months)

**INDIVIDUAL MEMBERS
 INFORMATION SHEET**

Print legibly. Mark appropriate boxes with "✓" and use separate sheet if necessary. Fields with asterisk are required.

* **Type of Membership Desired** Individual Regular Life Membership

I. PERSONAL INFORMATION

* SURNAME													
* FIRST NAME													
* MIDDLE NAME													
* DATE OF BIRTH (mm/dd/yyyy)		/	/	* RESIDENTIAL ADDRESS								NAME EXTENSION (e.g. Jr., Sr.)	
* PLACE OF BIRTH				* TELEPHONE NO.								* ZIP CODE	
* SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female											* ZIP CODE	
* CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____			* OFFICE ADDRESS								* ZIP CODE	
* CITIZENSHIP				* TELEPHONE NO./S									
BLOOD TYPE (optional)				* FAX NO.									
* EMAIL ADDRESS (if any)													
* CELLPHONE NO. (if any)													

* Preferred address for communications from PSA: Home Business

II. EDUCATIONAL BACKGROUND

* SCHOOLS ATTENDED	* PERIOD COVERED	* DEGREE COURSE (Write in full)

III. WORK EXPERIENCE

* NAME OF COMPANY	* DESIGNATION	* PERIOD COVERED

Membership in professional and other organizations: (include any special responsibilities, positions, etc.)

Research and publications undertaken:

Special interests or activities in Statistics or related fields

SIGNATURE OF APPLICANT (Sign inside the box)
DATE ACCOMPLISHED

RIGHT THUMBMARK

ENDORSED BY:	RECOMMENDING PSA BOARD APPROVAL:	APPROVED BY THE PSA BOARD:
SIGNATURE OVER PRINTED NAME (PSA MEMBER IN GOOD STANDING)	CHAIR, MEMBERSHIP COMMITTEE	BOARD SECRETARY