

# PROFESSIONAL MEMBERSHIP APPLICATION FORM

## SECTION 1: Personal Information

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.
Surname:				
First Name:				
Date of Birth:			Nationality:	
Full Address:			Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
City:			Telephone:	
Country:			Mobile:	
Email:				

## SECTION 2: Membership

(Select the membership level applied for, below;)

Membership Level	Annual Fee (US\$)
<input type="checkbox"/> Full Membership	250
<input type="checkbox"/> Associate Membership	200
<input type="checkbox"/> Affiliate Membership	150
<input type="checkbox"/> Honorary Membership	Contribution (cash / in Kind)

## SECTION 3: Employment Details

Job Title	Date	Job Responsibility	Employer
	to _____		

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**SECTION 4: Qualification(s) Held**

Qualification	Study Period	University/Authority	Country
	to _____		

**Attach supporting documents**

Tick below to indicate the list of documents submitted

<input type="checkbox"/> Updated CV	(If <b>others</b> , please give details below)
<input type="checkbox"/> Educational Certificate/Diploma	
<input type="checkbox"/> Professional Certificate	
<input type="checkbox"/> Awards	
<input type="checkbox"/> Others	

**SECTION 5: Declaration**

By submitting this form, I do hereby declare that I shall abide by the member code of Practice.

I confirm that the information provided in this form is accurate and complete. If any inaccuracy is found, UCEL reserves the right to withdraw my membership at any time after giving me due process.

Name / Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement**

*The primary purpose of collecting the PERSONAL information you supply on this form is to process your application. We will also use these details to keep you informed of upcoming events, and will not disclose your information to a third party without your consent.*