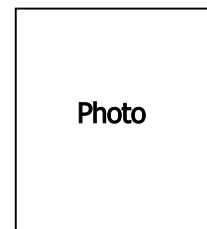




# MCPA Membership Application



Please complete all fields below in English, and submit to the MCPA Office or join online at [www.mcpamyanmar.org](http://www.mcpamyanmar.org)

Please write in UPPERCASE

PLEASE CHECK ONLY ONE

CHECK ALL THAT APPLY

## 1. PERSONAL INFORMATION

MALE

FEMALE

NAME

DATE OF BIRTH (dd/mm/yy)

NRC NO

FATHER'S NAME

ADDRESS

TOWNSHIP

STATE/ REGION

PHONE

EMAIL

## 2. EDUCATION INFORMATION

POST GRADUATE

GRADUATE

UNDERGRADUATE

### DEGREE (S) / DIPLOMA (S) RECEIVED (MOST RECENT FIRST)

(COPIES OF CERTIFICATE MUST BE ATTACHED)

	DEGREE/ DIPLOMA	DATE	INSTITUTION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

### AREAS OF TRAINING RECEIVED

PROGRAMMING

SOFTWARE ENGINEERING

DATABASE

NETWORKING

WEB DEVELOPMENT

OPERATION SYSTEMS

GRAPHIC DESIGN

MULTIMEDIA

WEB DEVELOPMENT

HARDWARE

MIS

### EFFICIENCIES (PROFESSIONAL- LEVEL)

PASCAL

COBOL

ASSEMBLY

C/C++

BASIC

VISUAL BASIC

VISUAL C

JAVA

NET

ASP

PERL

PHP

JSP

COLD FUSION

HTML

LINUX

WINDOWS

APPLE

UNIX

DATABASE

SQL

ACCESS

FLASH

MULTIMEDIA

WEB DESIGN

VIDEO/ AUDIO

HARDWARE

NETWORKING

### Myanmar Computer Professionals Association

Building (9), Ground Floor, MICT Park, Hlaing Compus, Hlaing Township, Yangon, Myanmar.

Phone: (01) 652276, (09) 730 88300

Email: [office@mcpamyanmar.org](mailto:office@mcpamyanmar.org)

Web: [www.mcpamyanmar.org](http://www.mcpamyanmar.org)

# MCPA Membership Application

## 3. EMPLOYMENT INFORMATION

### CURRENT EMPLOYMENT

(CERTIFICATION OF EMPLOYMENT MUST BE ATTACHED)

POSITION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

NAME OF COMPANY/ ORGANIZATION/ GOVERNMENT DEPARTMENT \_\_\_\_\_

LINE OF BUSINESS \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

### EMPLOYMENT HISTORY (MOST RECENT FIRST)

	PERIOD (MONTH/ YEAR)	EMPLOYER	POSITION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### AREAS OF PROFESSIONAL WORKING EXPERIENCE

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> PROGRAMMING             | <input type="checkbox"/> SOFTWARE ENGINEERING | <input type="checkbox"/> ANALYSIS & DESIGN      | <input type="checkbox"/> QUALITY ASSURANCE |
| <input type="checkbox"/> MULTIMEDIA              | <input type="checkbox"/> WEB DEVELOPMENT      | <input type="checkbox"/> CUSTOMER SUPPORT       | <input type="checkbox"/> GRAPHIC DESIGN    |
| <input type="checkbox"/> IS/ IT MANAGER          | <input type="checkbox"/> OTHER MANAGEMENT     | <input type="checkbox"/> INSTRUCTOR             |  |
| <input type="checkbox"/> DATABASE ADMINISTRATION | <input type="checkbox"/> SYSTEM MAINTANANCE   | <input type="checkbox"/> SYSTEMS ADMINISTRATION |  |
| <input type="checkbox"/> NETWORK ADMINISTRATION  | <input type="checkbox"/> NETWORK ENGINEERING  | <input type="checkbox"/> RESEARCH & DEVELOPMENT |  |

## 4. SIGN YOUR APPLICATION

I, hereby declare that all the information given above is true to the best of my knowledge, I agree to be governed by all the rules of regulation of MCPA as long as I am a member.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### MCPA OFFICE USE ONLY

#### APPROVED BY – MEMBERS AFFAIRS COMMITTEE

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

MEMBERSHIP GRADE

SM

AM

PM

MEMBER NUMBER \_\_\_\_\_

MEMBER CARD ISSUE DATE \_\_\_\_\_