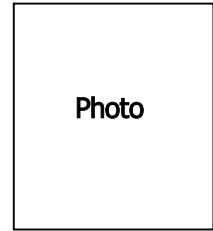




MCPA Membership Application



Please complete all fields below in English, and submit to the MCPA Office or join online at 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

Web: 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

- PROGRAMMING
- SOFTWARE ENGINEERING
- ANALYSIS & DESIGN
- QUALITY ASSURANCE
- MULTIMEDIA
- WEB DEVELOPMENT
- CUSTOMER SUPPORT
- GRAPHIC DESIGN
- IS/ IT MANAGER
- OTHER MANAGEMENT
- INSTRUCTOR
- DATABASE ADMINISTRATION
- SYSTEM MAINTANANCE
- SYSTEMS ADMINISTRATION
- NETWORK ADMINISTRATION
- NETWORK ENGINEERING
- 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 _____