MCPA Membership Application

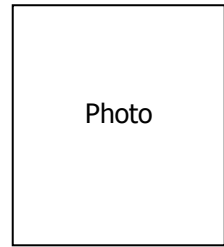**MCPA | MYANMAR COMPUTER PROFESSIONALS ASSOCIATION**

Photo

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

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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