



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      DATE OF BIRTH ( dd/mm/yy ) \_\_\_\_\_

NAME \_\_\_\_\_

NRC NO \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ STATE/DIVISION \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## 2. EDUCATION INFORMATION

POST GRADUATE       GRADUATE       UNDERGRADUATE

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

( COPIES OF CERTIFICATES 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

# MCPA Membership Application

## 3. EMPLOYMENT INFORMATION

### ↓CURRENT EMPLOYMENT

( CERTIFICATION OF EMPLOYMENT MUST BE ATTACHED )

POSITION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

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

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

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

### ↓EMPLOYMENT HISTORY ( MOST RECENT FIRST )

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

ISSUE DATE

\_\_\_\_\_

UPGRADE DATE

SM → AM \_\_\_\_\_

AM → PM \_\_\_\_\_

SM → PM \_\_\_\_\_

## 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 SCRUTINY COMMITTEE		
NAME _____	SIGNATURE _____	DATE _____
↓ REMARKS	MEMBERSHIP GRADE	<input type="radio"/> SM → AM
_____	_____	<input type="radio"/> AM → PM
MEMBER NUMBER	MEMBER CARD ISSUE DATE	<input type="radio"/> SM → PM