



PHILIPPINE SCHOOL DOHA

P.O. Box 19664 Doha, Qatar

APPLICATION FOR MEMBERSHIP

Please attach:

- 1 pc Passport size photo/
- 1 pc ID Size photo

APPROVED
Membership Registration No. _____

DISAPPROVED
1st 2nd

NEW RENEWAL

1. Family Name		2. Given Name		3. Middle Name		4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Date of Birth		6. Place of Birth		7. Address in the Philippines			
8. Address in Doha (House/Flat/Bldg No., St. Name, Area)				9. Home Te l / Mobile / Fax Nos. Residence - Mobile - Fax -		10. No of years stay in Qatar	
11. e-mail Address		12. Name of Sponsor		13. P.O. Box		14. Position Held	
15. Office Tel / Fax Nos.		16. Names of children who are currently enrolled at PSD:					
		Name		Sex		Age	
		Grade/Year					
17. Your relationship to the pupils/students in Item 16 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Registered Guardian				18. Indicate if you are a: <input type="checkbox"/> Teaching Staff <input type="checkbox"/> Non-Teaching Staff <input type="checkbox"/> Member of the Filipino Community in Qatar			
19. Certification Declaration: I hereby certify that the information provided in this application are true and correct to the best of my knowledge and ability. I further certify that I am fully aware of the rights, duties and responsibilities of being a member and shall adhere to its limitations and conditions. To attest my certification, I hereby affix my signature herein and declare that I subscribe to the purpose, objectives and ethics of the school corporation and shall continue to do so to the best of my knowledge and ability Signature : _____ Date : _____				20. Invitation/Recommendation for applicant-member of Filipino Community in Qatar: We, the undersigned parent/guardian members of the corporation have invited the applicant whose genuine signature appears in Item 19 of this application, to become a member of the corporation, after having known him/her as a member of the Filipino Community in Qatar, of good standing and moral character. We hereby affix our signatures to attest our recommendation for the applicant's membership. Signature : _____ MRN: _____ Signature : _____ MRN: _____ Signature : _____ MRN: _____			

TO BE FILLED OUT BY THE MAC

Date Received: _____

Recommended for: APPROVAL

DISAPPROVAL

Examined/Assessed, found: SATISFACTORY
 UNSATISFACTORY

Head of MAC: _____ Date: _____

FOR OFFICIAL USE ONLY

Part One	Requirements [To be completed by Membership Assessment Committee (MAC)]
For Old Member (Renewal)	<input type="checkbox"/> Membership Fee (OR No. _____) <input type="checkbox"/> Photographs <input type="checkbox"/> Passport or Res. Permit ID Copy
For New Applicant	<input type="checkbox"/> Photographs <input type="checkbox"/> Passport Copy <input type="checkbox"/> Res. Permit ID Copy <input type="checkbox"/> Membership Fee <input type="checkbox"/> Tuition Fee Updated
Verified By:	Remarks:

Part Two	Membership Records [To be maintained by the Secretary of the Board]		
Date of ID/CM Issued:	Expiry Date:	Number:	Remarks: