



ASSOCIATION OF EDUCATION RESEARCHERS AND TRAINERS
MEMBERSHIP APPLICATION FORM
ASSERT Membership Committee

NAME: _____ Civil Status: Single Married
 (Please Print) Last First Middle Sex: Male Female

Present Position/ Title: _____ Phone No. _____
 Institutional Affiliation: _____ Fax No. _____

Address: _____ Zip Code: _____

Home: _____ Mobile No.: _____
 _____ Phone No. _____
 _____ Email: _____

NON LICENSED LICENSED PRC License No. _____ Registration Date _____

Highest Educational Degree: _____

MAJOR:

1. _____ (Note: If on-going, indicate no. of units earned to date)

2. _____

Obtained from: (School/ Institution)

1. _____ Year: _____

2. _____ Year: _____

Please check: New Applicant Updating Membership

I hereby certify the above information is accurate and complete to the best of knowledge.

Signature

ACTION OF MEMBERSHIP COMMITTEE

DATE APPROVAL _____

Status: Regular

FEE: Amount P: _____

O.R. #: _____

Date: _____

Action taken:

Entered Name in Directory: Yes No

Updated Membership Info: Yes No

Form of Payment:

Check: _____

Cash: _____

Banknote: _____

Chairman Membership Committee