## **MEMBERSHIP APPLICATION FORM**

## INSTITUTIONAL PROFILE

Institution:					
Head of Institution	on				
Address:					
Tel. No. of HEI:				Fax:	
ITE Programs Offered		( ) BS Computer Science ( ) Others, pls indicate ( ) BS Information Technology ( ) BS Information System ( ) BS Entertainment & Multimedia Computing			
Official Repre	sentativ	ve Details			
Name					
Designation					
Office Name					
Office Phone No	D.			Office Fax No.	
Email Address				Mobile No.	
Name	A L	T E R N A T E R	E P R E S	E N T A T	I V E
Designation					
Office Name					
Office Phone No.				Office Fax No.	
Email Address				Mobile No.	
Additional Ma	ambarch	ain			
Additional Membersh Program		Name		Email	Mobile Number
BS CS					
BS IT					
BS IS					
BS EMC					
National Capital Regi	on. The Instit	ution agrees to the terms, conditions, an itution agrees to pay the institutional me account number indicated below. This ir	mbership of Php 5,000	0.00 and Php 3,000.00 f	or each additional program administra
Name of Account Account Number Bank Bank CODITE-NCR INC. For further inquiries, you may contact the secretariat at: Office for Dean, College of Computer Studies and Systems University of the East C.M. Recto Ave, Manila, Philippines Telephone: (632) 735-5471 local 382 and 383; (632) 735-697				es and Systems (CCSS)	
Conforme:					.,,,,
Representative (Signature over printed name) Institutional Member			DEAN JERRALYN T PADUA President CODITE-NCR		