|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  | Chinese Name (if any) |  | Membership No.  (To be filled out by CIE) | | | | |
| Last Name |  |
| Date of Birth | (MM) (DD) (YY) | Gender |  |  |  |  |  |  |
| ID Card No./  Passport No. | Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Areas of Specialization |  | Photo | | | | |
| Company |  | Position |  |
| Email (1) |  | Telephone |  |
| Email (2) |  | Mobile No. |  |
| Postal Address | □□□ | | |
| Permanent Address | □□□ | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education** | | | | |
| School | Department | Degree | From (MM/YY) | To (MM/YY) |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| **Work Experience** | | | | |
| Company/ Organization | Position | From | To | Years of Services |
| MM/YY | MM/YY |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | Total Years | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referrer  *(Print Name)* | *\*The referrer has to be a valid CIE member.* | | Applicant’s  Signature |  |
| CIE Membership No. |  | |
| Signature |  | |
| The Following is to be filled out by CIE | | | | |
| Approved at | | The \_\_\_\_ Meeting of the \_\_\_\_\_ Board of Directors on (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |