



# LF - CBS

League of Filipino – Canadian  
Building Superintendents, Ltd.

## APPLICATION FOR MEMBERSHIP

Membership applied for: Please check one.

Date Filed: \_\_\_\_\_

- Senior Certified Member
- Regular Certified Member
- Trade/Associate Member

Title: Mr. / Mrs. / Ms.

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Desired Name on Certificate \_\_\_\_\_ Birthdate (yy/mm/dd): \_\_\_\_\_

Address: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Mobile: \_\_\_\_\_

Canadian Citizen since \_\_\_\_\_ Permanent Res. since \_\_\_\_\_ Other Immigration status \_\_\_\_\_

Preferred mailing address:  Residence  Workplace  E-mail

*NOTE: If mailing address is different from above, please indicate below:*

\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

	School	Years Attended	Degree
Primary	_____	_____	_____
Secondary	_____	_____	_____
College/Univ.	_____	_____	_____
Post Graduate	_____	_____	_____

### WORK HISTORY (begin with the latest employer)

From	To	Company Name	Address	Position/Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MEMBERSHIP WITH OTHER ORGANIZATION:** Are you now or have you been a member of another related trade/association in a province of Canada?  YES  NO. If YES, please indicate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## PROFESSIONAL REFERENCES:

Provide the names, FULL mailing addresses, professional designations and business affiliations of at least three persons (LF-CBS Certified Building Superintendents preferred but not required) who have a good knowledge of your character, capabilities and technical work experience in Canada. Unless self-employed, one reference should be your current and immediate supervisor. LF-CBS will contact these persons on your behalf and request the completion of professional reference questionnaires. All information is strictly confidential between the reference and the Association.

REFERENCE 1	REFERENCE 2	REFERENCE 3
Name : _____	_____	_____
Designation: _____	_____	_____
Company : _____	_____	_____
Address : _____	_____	_____
_____	_____	_____
_____	_____	_____
Phone : _____	_____	_____
Email : _____	_____	_____

## APPLICANT'S AGREEMENT:

I hereby acknowledge that:

1. The information contained on this form (including pages 2& 3 and any attachments hereto) is true and correct, to the best of my knowledge and belief.
2. The Certification Committee reserves the right to recommend certification level as they find me qualified, and in no way does this application represent a request for a specific classification. If necessary, at the sole discretion of the Certification Committee, I will readily submit relevant documentation of my personal and professional qualifications that may be required to support assessment of my application to LF-CBS.
3. The Certificate – contingent upon my membership to the Association - is the property of LF-CBS and shall be returned to the Association if my membership ceases for any reason.
4. The Association has the right to publish my name and classification.
5. I will abide by the Code of Ethics of this Association, if accepted into membership.

Applicant's Signature:

Signed in the presence of:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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**IMPORTANT:**

Application fee is **CAD 30.00 (non-refundable)** to be placed immediately upon issuance of a notice of acceptance.

This amount includes the Professional Practical Examination (PPE) fee required to be taken by Associate and/or Trade members. Applicants with less than 6 months experience of building maintenance/superintendent work should also register to write the qualifying examination/PPE given by the Founding Chairman.

To qualify as **Senior Certified Member**, one must have attained a minimum of 36 months experience in building maintenance/superintendent work. For this purpose, graduates of Building Environment System (BES) or any equivalent/related course will be granted a maximum of 12 months work experience credit. It is the applicant's responsibility to ensure that all required information is provided. The review of your qualifications will be based solely on the information submitted. To complete the certification process, you must pass the Professional Practice Exam.

On acceptance to LF-CBS, you will be advised of your appropriate classification and will be responsible for the annual dues imposed on all members of the Association.

**This Portion to be filled up by the Founding Chairman and the Secretary**

**LF-CBS File No.:** \_\_\_\_\_ **Apprentice No.:** \_\_\_\_\_

**This applicant is:** \_\_\_ **APPROVED** \_\_\_ **DISAPPROVED**

Remarks:

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