



Individual Membership Form

Title: **Mr.**

Gender: (M/F) **M**

Name: **PILLARi, Charles Anthony**

Suffix: **-**

Date of Birth: **1956/3/1**

Nationality: **American/Italian**

Mailing Address (Street or Postal Box): **40 Allison Drive**

City: **Englewood Cliffs**

Province/State: **New Jersey**

Postal Code: **07632**

Country: **USA**

Email Address: **pillaric@aol.com**

Website: **www.capassocs.com**

Phone Number: **+1-201-567-8838**

Fax Number: **+1-201-567-3010**

Affiliation: **CAP Associates**

Job Title: **President**

Education Background

Highest Degree Received: **BS**

Received from: **FDU**

Major: **Construction Engineering**

Profession Background

Expertise: **Structural/Geotechnical Engineering**

Professional License(s): **NJPE**