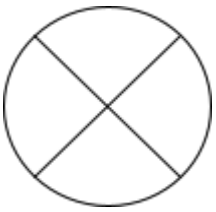
MEMBERSHIP FORM



** Please Fill up this Form Completely*

If committee member:

☐ Academics ☐ Creatives

☐ Project & Logistics

If non-committee member:

☐ NEW MEMBER ☐ RENEWAL

NAME	
Last name	
First name	
Middle name	

PERSONAL DATA	
Complete Address	
Birth Date	
Place of Birth	
Gender	

CONTACT INFORMATION	
Email Address	
Tel./ Mobile No.	
Father's name	
Mother's name	

IN CASE OF EMERGENCY	
Parent/Guardian	
Home Address	
Tel./ Mobile #	

ORGANIZATION INFORMATION	
School Name:	

Membership rules:

1. *No fees are allowed in applying for membership.*
2. *Lend a helping hand to tasks or activities that the organization will perform.*
3. *Be responsible and ensure readiness when given a task.*

I hereby certify that the information herein is complete, true and correct.

_____

(Signature over printed name)

VALIDATION (To be filled-up by the organization President)	
Processed by:	Date: