






**UM DIGOS COLLEGE**  
***Name of Organization***  
Roxas Extension, Digos City  
Telefax: (082)553-2914




## LIST OF OFFICERS

S.Y. 2025-2026

|                                                                                     |                                                      |  |
|-------------------------------------------------------------------------------------|------------------------------------------------------|--|
|    | Name                                                 |  |
|                                                                                     | Position                                             |  |
|                                                                                     | Year Level                                           |  |
|                                                                                     | Course                                               |  |
|                                                                                     | Signature                                            |  |
|                                                                                     | Contact Number:<br><i>(Preferably SMART/SUN/TNT)</i> |  |
|  | Name                                                 |  |
|                                                                                     | Position                                             |  |
|                                                                                     | Year Level                                           |  |
|                                                                                     | Course                                               |  |
|                                                                                     | Signature                                            |  |
|                                                                                     | Contact Number:<br><i>(Preferably SMART/SUN/TNT)</i> |  |
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|                                                                                     | Position                                             |  |
|                                                                                     | Year Level                                           |  |
|                                                                                     | Course                                               |  |
|                                                                                     | Signature                                            |  |
|                                                                                     | Contact Number:<br><i>(Preferably SMART/SUN/TNT)</i> |  |



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