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OFFICER'S PROFILE

Last Name	First Name	First Name			M.I.	Student No.	
School Year 20 20	Name of the Organi	ne of the Organization Acronym					
Position	Contact N	Contact No.		E-m	E-mail Address		
Course	Year	Year Section		Colle	College/Institute/Campus		
Residence	1						
In case of emergency, please notify:							
Name			Relationship	(Contact N	No.	

ACKNOWLEDGEMENT:

I hereby certify that all the above information is true and correct to the best of my knowledge and ability. I hereby voluntarily and willingly bind myself with rules, regulations and laws governing BulSU Student Organizations in keeping myself with my obligations as member of good standing. I understand that any misinformation stated above will be sufficient ground to disapprove this application.

Signature:	Date:



1 x 1

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First Name		me		M.I.	Student No.
Name of the Organization					Acronym
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Position		Contact No.		E-mail Address	
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e		Year Section		College/Institute/Campus	
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Residence