



1 x 1

### OFFICER'S PROFILE

Last Name		First Name		M.I.	Student No.
School Year 20__ - 20__	Name of the Organization				Acronym
Position		Contact No.		E-mail Address	
Course	Year	Section	College/Institute/Campus		
Residence					

In case of emergency, please notify:

Name	Relationship	Contact No.
Residence		

### 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: \_\_\_\_\_



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