



## MEMBERSHIP FORM

1 x 1

Last Name	First Name	M.I.	Student No.
School Year 20__ - 20__	Name of the Organization		Acronym
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 voluntarily apply to be a member of the organization and hence assume the responsibilities expected of me as member of, and to abide diligently the rules and regulations set forth by the organization.

Approved:

\_\_\_\_\_  
Adviser/President

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date

BuISU-OP-OSO-01F5

Revision: 0



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