



Alpha Phi Omega

PHILIPPINES, INCORPORATED

Unit 301-A Midtower Condominium, No. 270 Ermin Garcia Street
Barangay. Silangan, Cubao, Quezon City, Philippines 1104
Telephone No. 0917-8931925



MEMBERSHIP RENEWAL FORM

2" x 2"
RECENT ID PICTURE
(WITH WHITE BACKGROUND)

MEMBERSHIP RE-AFFIRMATION PLEDGE

ON MY OATH, I hereby affirm that I shall abide by our National Code of By-Laws; comply with all lawful orders of our duly constituted leadership; maintain my good standing by fulfilling the duties of membership; endeavor to realize the ideals of the organization by excelling in my chosen field, by extending a hand of friendship to all regardless of race, religion, social class or political ideology, and by unselfishly giving my time and energy in pursuing a program of service to our fraternity and sorority, to the students and university, to the youth and community and to the nation as a fully participating citizen. I shall, in all my dealings, uphold the dignity of Alpha Phi Omega by good example thoughts, words and deeds.

All these do I promise without mental reservation or purpose of evasion, so help me God.

SIGNATURE

DATE SIGNED



LAST NAME		NAME EXTENSION (e.g. Jr., III)	
FIRST NAME		MIDDLE NAME (write N/A if not applicable)	
MEMBERSHIP CATEGORY <input type="checkbox"/> Resident Brother <input type="checkbox"/> Resident Sister <input type="checkbox"/> Alumnus <input type="checkbox"/> Alumna <input type="checkbox"/> Life <input type="checkbox"/> Associate			
CHAPTER	BATCH YEAR	ID NUMBER	DATE OF BIRTH (Month/Date/Year)
SCHOOL NAME AND LOCATION			
BLOOD TYPE		CONTACT NO.	E-MAIL ADDRESS
PERMANENT ADDRESS (House No., Street Name, Purok, Barangay, Municipality/City, Province/State, Country, Zip Code)			
PRESENT ADDRESS (House No., Street Name, Purok, Barangay, Municipality/City, Province/State, Country, Zip Code)			
PROFESSION / TRADE / OCCUPATION & COMPANY POSITION			
BUSINESS / COMPANY NAME AND ADDRESS			
INSURANCE BENEFICIARY Complete Name and Relationship Complete Address and Contact No.			

FOR SPECIAL CASES ONLY

ENDORSEMENTS:	COMPLETE NAME	ID NUMBER	SIGNATURE
GC/GLC OR PC/PLC PLEDGE PERIOD			
SECTION CHAIR			
REGIONAL DIRECTOR			
NATIONAL EXECUTIVE DIRECTOR			
BRO. DENNIS M. DUMAUP			

RESULT OF VERIFICATION

NOTE:	CHAPTER BATCH YEAR ID NUMBER
DATE FEE PAID	VALIDITY
AMOUNT	CONTROL NO.
OFFICIAL RECEIPT	RECEIVED BY
	PROCESSED BY