

GUIDELINES

(1) FILL OUT ALL THE ITEMS BELOW.

REVISION NO.: REVISION DATE:

NO.: **01** ATE: **Feb. 12, 2014**

Malayan Colleges Laguna BIO DATA OF ELECTED OFFICERS

	REQUIRED TO FILL OUT THIS FORM. SUBMIT COLLECTIVELY TOO TIES AND DISCIPLINE.	SETHER WITH THE REQUIRED DOCUMENTS TO THE CENTER FOR		
OFFICIAL FULL NA	ME OF THE ORGANIZATION			
PERSONAL INFO	RMATION			
POSITION		SCHO OL YEAR		
NAME				
PROGRAM/YR	DATE OF BIRTH	GENDER FEMALE MALE		
ADDRESS				
LAND LINE NO.	MOBILE NO.			
	FATHER	MOTHER		
NAME				
OCCUPATION				
ADDRESS				
MOBILE NO.				
LAND LINE				
GUARDIAN'S INFO	DRMATION			
NAME		MOBILE NO.		
ADDRESS				

TO THE CENTER FOR STUDENT ACTIVITIES AND DISCIPLINE

I HAVE CAREFULLY READ AND UNDERSTOOD THE RULES AND REGULATIONS GOVERNING STUDENT ORGANIZATIONS AS EXPRESSED FULLY IN RULES IV, V, VI, VII AND VIII OF THE STUDENT CATALOGUE OF INFORMATION AND PROMISE TO IMPLEMENT IN OUR STUDENT ORGANIZATION.

FURTHERMORE, I SHALL BE BOUND BY ALL OTHER RULES AND REGULATIONS SHALL BE PROMULGATED BY MALAYAN COLLEGES LAGUNA AND PROMISE ADHERENCE.

FINALLY, I ATTEND THAT ALL INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT BY THE TIME THIS IS ACCOMPLISHED AND SUBMITTED.

SIGNATURE OVER PRINTED NAME / DATE

FORM CSAD -007A

Malayan Colleges Laguna

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OSITION			SCHOOL YEAR	
IAME				
ROGRAM/YR	DATE OF BIRTH		GENDER	FEMALE MALE
ADDRESS				
AND LINE NO.		MOBILE NO.		
	FATHER			OTHER
NAME				
OCCUPATION				
ADDRESS				
MOBILE NO.				
LAND LINE				
GUARDIAN'S INFOR	MATION	•		
NAME		MOBILE NO.		
ADDRESS				

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