



Alpha Phi Omega

PHILIPPINES

Unit 3A Residencia Braganza, 270 E. Garcia St. Cubao, Quezon City
Tel. (632) 439-7640; (632)439-7603



MEMBERSHIP REGISTRATION FORM

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	PREFIX	NICKNAME
CHAPTER	SCHOOL & LOCATION			POSITION & YEAR	
BATCH NAME	BAPTISMAL NAME		BATCH YEAR	RITUAL DATE MM/DD/YY	
<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"/> HONORARY				DATE OF LAST REGISTRATION MM/DD/YY	
AGE	BIRTH DATE: MM/DD/YY	BIRTHPLACE		BLOOD TYPE	
HOMETOWN ADDRESS			ZIP CODE	TELEPHONE	FAX
MAILING ADDRESS			ZIP CODE	TELEPHONE	FAX
E-MAIL ADDRESS	WEB SITE			CELL PHONE	
COURSES TAKEN	SCHOOL			YEAR	
PROFESSION/TRADE/OCCUPATION and COMPANY POSITION					
BUSINESS ADDRESS			ZIP CODE	TELEPHONE	FAX
ALUMNI ASSOCIATIONS			POSITION HELD		YEAR
			POSITION HELD		YEAR
ORGANIZATIONS (OTHER THAN APO)					
CHAPTER POSITION HELD; GC/GLC & PC/PLC ONLY: (CHAPTER : POSITION : SCHOOL YEAR)					
CHAPTER and/or ALUMNI ASSOCIATION ORGANIZED: (CHAPTER/AA No. : YEAR)					
INSURANCE BENEFICIARY			RELATIONSHIP		
COMPLETE ADDRESS:				TELEPHONE	
MEMBERSHIP RE-AFFIRMATION PLEDGE					
<p>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 for 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 through thoughts, words, and deeds.</p> <p>All these I do promise without mental reservation or purpose of evasion, SO HELP ME GOD.</p>					
Signature: _____ Date _____					
FOR NEW APPLICATIONS & SPECIAL CASES ONLY:		ID. NO.	VALIDITY	REMARKS & SIGNATURE	
ENDORSEMENTS: (GC/GLC OR PC/PLC PLEDGE PERIOD)					
OTHER (NAME : POSITION : SCHOOL YEAR)			:		
SECTION CHAIR			:		
RAD			:		
NED			:		
FOR VERIFICATION (ALL NEW APPLICATIONS AND THOSE FALLING UNDER SPECIAL CASES)					
GC/GLC/ AT DATE OF JOINING:			MY IDENTIFYING MARKS OR UNUSUAL FEATURES:		
PC/PLC AT DATE OF JOINING:					
BATCHMATES					
			TOTAL BATCHMATES		
OTHER REFERENCES (FROM SAME CHAPTER)			ADDRESS/PHONE		

ATTACH
PASSPORT PHOTO
UNRETOUCHED TAKEN WITHIN
LAST SIX MONTHS WITHOUT
HATS OR GLASSES

Please sign inside the space
provided below.

Signature in Box

RAD I

CHAPTER

ID NUMBER

RAD II

DATE FILED:

RESULTS OF
VERIFICATION

DB Record No.

VERIFIER

ID No.

DATE FEE PAID

Amount:

O. R. No.

Validity:

Control No.

Received by:

ID No.

DATE ENCODED:

ENCODER



ALPHA PHI OMEGA (Philippines)
Greater Los Angeles

MEMBERSHIP INFORMATION UPDATE

Name:	_____	Birthday: <i>(Month/Day)</i>	_____
Chapter /School Name:	_____	Home Phone:	_____
Batch Name/Year:	_____	APO ID No:	_____
Address:	_____	Work Phone:	_____
Type of Business/Profession:	_____	Cell Phone:	_____
APO Positions Held:	_____	Email Address:	_____
		Spouse Name:	B-day: _____
		Kids1:	B-day: _____
		Kids2:	B-day: _____
OK to publish name in APOGLA directory?	Yes	Kids3:	B-day: _____
	No		
Remarks:	_____ _____ _____		