STUDENT COMMISSION ON ELECTION

DE LA SALLE UNIVERSITY – DASMARIÑAS
DASMARIÑAS, CAVITE 4115 PHILIPPINES

"SERVING WITH INTEGRITY"

2x2

MEMBERSHIP FORM

Please write all the information legibly. *(WRITE IN PRINT)*
Use black or blue ink only.
Do not leave any spaces blank. Put N/A if it is not applicable.

Attachments:
- 2x2 pictures (3 IDENTICAL copies)
- Photocopy of Registration Form
- Certification of Grades last semester
- Photocopy of parent/guardian's ID

☐ **NEW MEMBER**   ☐ **RENEWAL**

YEAR OF ENTRY: ⎯⎯⎯ Semester, AY ⎯⎯⎯ - ⎯⎯⎯
COMMITTEE: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯ POSITION: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

PERSONAL INFORMATION

NAME:

Last Name	Given Name	M.I.

ADDRESS:

COLLEGE & CYS:	**STUDENT NUMBER:**
DATE OF BIRTH(M/D/Y):	**CIVIL STATUS:**
CONTACT NUMBER(S):	**E-MAIL ADD:**

AFFILIATION/S *(please attach list if necessary)*

ORGANIZATION	POSITION	YEAR OF MEMBERSHIP

AWARDS AND RECOGNITIONS *(please attach list if necessary)*

DATE RECEIVED	AWARDS AND RECOGNITIONS RECEIVED

SPECIAL SKILLS AND TALENT

I attest that I personally read and understand the full content of this form. Therefore, I agree to abide all rules and guidelines set forth by the organization, Student Commission on Election. I also authorize the investigation of all statements contained in this application form and understand that any misinterpretation or omission of facts called for its cause for disqualification.

⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯
APPLICANT'S SIGNATURE OVER PRINTED NAME

EXPECTATIONS AND PERSONAL LEARNING OBJECTIVES

I, ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯, SOLEMNLY SWEAR THAT I WILL ABIDE BY THE RULES, REGULATIONS AND OBJECTIVES OF THE STUDENT COMMISSION ON ELECTION AS SET IN THE ELECTION CODE OF DE LA SALLE UNIVERSITY - DASMARIÑAS. I AM JOINING THE ORGANIZATION VOLUNTARILY AND I WILL PARTICIPATE IN THE LIFE OF THE ORGANIZATION AS A LOYAL, ACTIVE AND DISCIPLINED MEMBER.

APPLICANT'S SIGNATURE OVER PRINTED NAME	**DATE SIGNED**

PARENTAL CONSENT

After recognizing, understanding, and believing the nature, objective, and activities of Student Commission on Election, I hereby allow my son/daughter

NAME OF STUDENT	**Course/Year/section**

to join the Student Commission on Election. He/she will take an active role in supporting the organization's training, workshops, excursions, and programs both in and out of the university premises.

GUARDIAN'S SIGNATURE OVER PRINTED NAME	**DATE SIGNED**