**FORM MA – 2**

**M E M B E R S H I P / A F F I L I A T I O N R E G I S T R A T I O N F O R M**

**Name of Organization:**

**Name of Institution/School:**

**Address:**

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| --- | --- | --- | --- | --- |
| **List of Registering Members** | | | | |
| **Name**  (Surname, First Name M.I.) | | | **Membership Fee: SY 20\_\_ – 20\_\_** | |
| **1st Semester** | **2nd Semester** |
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| **Total:** |  |  |
| **Grand Total:** |  | |
| **Grand Total in Words:** | | |

**\*\*\*Note:** Use additional form/s for additional registering members

**\*\*\*Reminder:** Attach scanned copy of the validated deposit receipt upon submission.

**List of Officers and Adviser/s:**

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**\*\*\*Note:** We request you to provide us your contact number (mobile or landline) and/or e-mail address in case we have questions regarding your requirements.