

Under the Jurisdiction of the Supreme Council, Order of DeMolay of the Republic of the Philippines

Tel. No.: (02) 524-3854; Telefax: (02) 523-0085

**MEMBER’S INFORMATION SHEET**

 **(DAAP Form 003: Please write clearly and legibly)**

**2X2 PHOTO**

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| --- | --- | --- | --- |
| **PERSONAL****DATA** | **Last Name:** | **First /Second Names:** | **Middle Name:** |
| alumnilogo1**Nickname:** | **Blood Type:** | **Place of Birth:** | **Date of Birth (MM-DD-YYYY):** |
| **Current Address (complete):** |
| **Provincial Address (complete):** |
| **Telephone Number(s):** |  | **E-Mail Address(es)** |
|  | **Contact Person In Case of An Emergency:** | **Contact Number(s)** |

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| **DeMOLAY DATA** | **DeMolay Alumni Chapter:** | **Complete Address:** |
| **Number of Years with Alumni Chapter:** | **Current Position:****.** | **Awards Received as Alumni Member (if any)** |
| **Mother (Active) Chapter:** | **Location:** | **Highest Position held as an Active Member:** |

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| **MASONIC DATA** | **Blue Lodge:**  | **Complete Address:** |
| **Membership to Other Appendant Bodies (if any):** | **Location:** |

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| **BUSINESS** **PROFILE** | **Profession (e.g. entrepreneur, lawyer, engineer, doctor, etc.)** | **Involved in Type of Business / Industry (government, shipping, etc.) :** |
| **Company Name:** | **Position:** |
| **Business / Company Address:** |
| **Business / Company Telephone Number(s):** | **Fax Number(s):** |
| **Company Website:** | **Company E-Mail:** |
|  | **Other Business Expertise / Technical Skills:** | **Sports / Hobbies:** |

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| **Verified and Certified as True and Correct:****Asher Gene De Guzman-------------------------------------------------------------****Name and Signature of Chapter President** | **Please mail or e-mail to:****The National President****DeMolay Alumni Association of the Philippihnes****2nd Floor, Philippine DeMolay Youth Center****#1440 San Marcelino Street, Ermita, 1000 Manila** |

*Please use black and bold sign pen. Alumni Member shall sign clearly inside the box below:* For DAAP Use:

2x2 ID Picture (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 O.R. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Batch No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ID Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAAP ID Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_