

Centrist Democratic Youth Association of the Philippines

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Membership Form

All members of the Centrist Democratic Youth Association of the Philippines (CDYAP) are required to complete this membership form and **return in MS Word format** via email to **\_\_\_\_\_\_\_\_\_\_\_\_\_** or by hand to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** or the person acting on his/her behalf. Please indicate your payment method.

**SECTION 1: MEMBER’S ADDRESS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REGION:** | | **PROVINCE:** | | **DISTRICT:** | |
| **MUN./CITY:** | | | **BRGY:** | | |
| **HOUSE #:** | **ST.:** | | | | **POSTAL CODE:** |
| **CURRENT ADDRESS/**  **PLACE OF ORIGIN:**  *(In case diff. from the above)*(House #) (Street) (Barangay) (City/Mun.) (Province) | | | | | |

**SECTION 2: MEMBER’S PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **TITLE** | **Mr.** **Mrs.** **Miss** **Ms.**  **Other, specify:** | |
| **LAST NAME: FIRST NAME: MI:** | | |
| **GENDER:  MALE  FEMALE  LGBT** | | **BIRTHDATE (MM-DD-YYYY):** |

**SECTION 3: MEMBER’S CONTACT INFORMATION**

|  |  |
| --- | --- |
| **AREA CODE:** | **MOBILE #:** |
| **LANDLINE #:** | **PRIMARY EMAIL:** |
| **MOBILE #:** | **FACEBOOK EMAIL:** |

**SECTION 4: MEMBERSHIP TYPE AND PAYMENT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEMBERSHIP TYPE** | **DESCRIPTION** | | | **MEMBERSHIP DUES** | **Please Check** |
| **CORE** | Core membership is open for all those interested and who are willing to pay the membership fee, abide by the party ideology, principles and guidelines and can actively participate in the party’s endeavors. | | | PHP 100.00**[[1]](#footnote-1)** |  |
| **PAYMENT METHOD** | Cash Cheque  Other: | | **AMOUNT OF PAYMENT:** | | |
| **AR/OR NUMBER:** | | **DATE OF PAYMENT:** | | | |

**SECTION 5: OTHER INFORMATION**

|  |
| --- |
| **EDUCATIONAL ATTAINMENT:  ELEMENTARY  SECONDARY  UNDERGRADUATE  GRADUATE** |
| **OCCUPATION /JOB TITLE:** |
| **AFFILIATION:** |
| **ADDRESS OF AFFILIATED INSTITUTION/ORGANIZATION:** |
| **CONTACT INFORMATION OF AFFILIATED INSTITUTION/ORGANIZATION:** |
| **AREAS OF PROFESSIONAL INTERESTS:** |

**SECTION 6: DECLARATION**

|  |  |  |
| --- | --- | --- |
| *I promise that I am willing and able to support the objectives and to abide by the rules and regulations of the Centrist Democratic Youth Association of the Philippines (CDYAP) as set out in its Constitution and By Laws.* | | |
| **SIGNED**  **(and write name here)** |  | **DATE:** |

The information provided above will also be used to keep you informed about the Centrist Democratic Youth Association of the Philippines – Region \_’s events in future.

1. Valid for one (1) year: Php 365.00 annual payment. [↑](#footnote-ref-1)