



Alpha Phi Omega

PHILIPPINES, INCORPORATED

Unit 301-A Midtower Condominium, 270 Ermin Garcia Street,
Barangay Silangan, Cubao, Quezon City, Philippines 1104



Date: _____

APPLICATION FOR PLEDGESHIP

Attach recent
unretouched
1"x 1" picture
without glasses
or headgear.

To: The Committee of Membership

Thru: The Vice-President for the Fraternity / Sorority

I humbly apply for Pledgeship in the _____ Chapter of the Alpha Phi Omega Philippines Incorporated. I am fully aware that it is a voluntary, non-profit and nonstick fraternal organization formed for the mutual benefit of its members and for the purpose of developing leadership, promoting friendship and rendering service to the university/college and faculty, to the community, and the Nation as fully participating citizens as guided by the principles of the Scouting Movement. On My Honor, I will always be prepared to give unselfishly my time, energy and talents towards these noble ends without any mental reservation or purpose of evasion.

(Signature over Printed Name)

INFORMATION FOR THE COMMITTEE ON MEMBERSHIP AND THE NATIONAL ADMINISTRATIVE OFFICE

(Please accomplish in BLOCK LETTERS)

NAME OF APPLICANT _____
(First Name) (Middle Name) (Surname)

HOME ADDRESS _____
(No.) (Street) (Barangay) (Municipality/City) (Province)

BIRTHDATE: _____ DEGREE COURSE: _____ YEAR LEVEL: _____

EXPERIENCE IN BOY / GIRL SCOUTING (Highest Rank Attained): _____

SCOUT COUNCIL WHERE SCOUTING EXPERIENCE WAS EARNED: _____

OTHER CAMPUS ORGANIZATION/S, (if any): _____

WHAT IS YOUR REASON FOR WISHING TO JOIN ALPHA PHI OMEGA? _____

WHAT DO YOU EXPECT TO GIVE? _____

WHAT DO YOU EXPECT TO GAIN? _____

CERTIFICATION OF CHAPTER OFFICERS

This is to certify that as a Pledge Member, _____, will undergo the APO Pledge Program approved and adopted by the _____ Chapter (submitted with the accompanying "Mandatory Pledge Registration") in accordance with Republic Act No. 8049, "An Act 'Regulating Hazing' and Other Forms of Initiation Rites in Fraternities, Sororities, and Organizations and Providing Penalties Therefor.", the Code of By-laws and other duly adopted policies, rules and regulations promulgated by duly constituted authorities.

(Signature over Printed Name and ID Number)

Prime Chancellor /Prime Lady Chancellor

Contact No: _____

E-mail address: _____

(Signature over Printed Name and ID Number)

Grand Chancellor /Grand Lady Chancellor

Contact No: _____

E-mail address: _____



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(Chapter)

(College / University)

(Section)

(Administrative Region)

Date: _____

To: The Committee of Membership

Thru: The Vice-President for the Fraternity / Sorority

In compliance with Article II, Section 2 (a) of our Code of By-Laws, which states that, "No applicant shall be eligible for membership unless he has first been previously registered in the records of its Commission on Membership as a pledge and has duly paid the dues and assessments incident thereto.", hereunder are our Pledges for the current academic term:

Name of Pledge	Start of Pledgeship	Comments / Action Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Please cross out above unused portions.

Furthermore, we reaffirm our adherence to Republic Act No. 8049, "An Act 'Regulating Hazing' and Other Forms Of Initiation Rites in Fraternities, Sororities, and Organizations and Providing Penalties Therefore.", in our Chapter.

(Signature over Printed Name and ID Number)
Prime Chancellor /Prime Lady Chancellor

(Signature over Printed Name and ID Number)
Grand Chancellor /Grand Lady Chancellor

(Signature over Printed Name and ID Number)
Section Chairman for Collegiate

Noted by:

(Signature over Printed Name and ID Number)
Regional Administrative Director for Collegiate

(Signature over Printed Name and ID Number)
Regional Administrative Director for Alumni

FOUNDED IN THE UNITED STATES OF AMERICA ON DECEMBER 16, 1925
AT LAFAYETTE COLLEGE, EASTON PENNSYLVANIA
ORGANIZED IN THE REPUBLIC OF THE PHILIPPINES ON MARCH 2, 1950 AT FAR EASTERN UNIVERSITY, METROPOLITAN MANILA



Alpha Phi Omega

PHILIPPINES, INCORPORATED

This certifies that

_____ has duly completed the **LEADERSHIP DEVELOPMENT PHASE.**

under the _____, _____ given this day _____.
(Name of the Chapter) (Name of University / College) (Date of Completion)

and thus qualified for the **FRIENDSHIP DEVELOPMENT PHASE.**

(Signature over Printed Name and ID Number)

**Grand Chancellor /
Grand Lady Chancellor**

(Signature over Printed Name and ID Number)

Faculty Adviser

(Signature over Printed Name and ID Number)

**Section Chair
for Collegiate**

(Signature over Printed Name and ID Number)

**Regional administrative Director
for Collegiate**

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Alpha Phi Omega

PHILIPPINES, INCORPORATED

This certifies that

_____ has duly completed the **FRIENDSHIP DEVELOPMENT PHASE.**

under the _____, _____ given this day _____.
(Name of the Chapter) (Name of University / College) (Date of Completion)

and thus qualified for the **SERVICE DEVELOPMENT PHASE.**

(Signature over Printed Name and ID Number)

**Grand Chancellor /
Grand Lady Chancellor**

(Signature over Printed Name and ID Number)

Faculty Adviser

(Signature over Printed Name and ID Number)

**Section Chair
for Collegiate**

(Signature over Printed Name and ID Number)

**Regional administrative Director
for Collegiate**

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Alpha Phi Omega

PHILIPPINES, INCORPORATED

This certifies that

_____ has duly completed the **SERVICE DEVELOPMENT PHASE.**

under the _____, _____ given this day _____.
(Name of the Chapter) (Name of University / College) (Date of Completion)

and thus qualified for the **OBSERVATION DEVELOPMENT PHASE.**

(Signature over Printed Name and ID Number)

**Grand Chancellor /
Grand Lady Chancellor**

(Signature over Printed Name and ID Number)

Faculty Adviser

(Signature over Printed Name and ID Number)

**Section Chair
for Collegiate**

(Signature over Printed Name and ID Number)

**Regional administrative Director
for Collegiate**

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Alpha Phi Omega

PHILIPPINES, INCORPORATED

This certifies that

has duly completed the **Alpha Phi Omega Philippines Pledge program.**

under the _____, _____ given this day _____.
(Name of the Chapter) (Name of University / College) (Date of Completion)

and thus qualified for the **COLLEGIATE MEMBERSHIP APPLICATION PROCESS.**

(Signature over Printed Name and ID Number)
**Grand Chancellor /
Grand Lady Chancellor**

(Signature over Printed Name and ID Number)
Faculty Adviser

(Signature over Printed Name and ID Number)
**Section Chair
for Collegiate**

(Signature over Printed Name and ID Number)
**Regional administrative Director
for Collegiate**



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Date: _____

APPLICATION FOR ACTIVE COLLEGIATE MEMBERSHIP

To : National Executive Council
Thru : The Committee on Membership
The Vice President for the Fraternity / Sorority

Signature without touching box or letters

Attach recent
unretouched
1"x 1" picture
without glasses
or headgear.

I humbly apply as a New Collegiate Member after having completed the APO Pledge Program in the _____ Chapter
of the Alpha Phi Omega Philippines Incorporated conducted from _____ to _____.

ON MY HONOR, 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 and paying my dues; endeavor to realize the ideals of the organization by studying hard to excel in my academic studies; develop my leadership potentials; extend my hand of friendship to all regardless of race, religion, social class, or political ideology; and render service to the university/college and faculty, to the community, and the Nation as fully participating citizens as guided by the principles of the Scouting Movement. I shall, in all my dealings, uphold the dignity of Alpha Phi Omega by good example through my thoughts, words and deeds.

All These I promise without mental reservation or purpose of evasion.

(Signature over Printed Name)

INFORMATION FOR THE COMMITTEE ON MEMBERSHIP AND THE NATIONAL ADMINISTRATIVE OFFICE

(Please accomplish in BLOCK LETTERS)

NAME OF APPLICANT _____
(First Name) (Middle Name) (Surname)

HOME ADDRESS _____
(No.) (Street) (Barangay) (Municipality/City) (Province)

BIRTHDATE: _____ DEGREE COURSE: _____ YEAR LEVEL: _____

SCHOOL & ADDRESS: _____

HOME ADDRESS: _____

INSURANCE BENEFICIARY: _____

CERTIFICATION OF CHAPTER OFFICERS

This is to certify that _____ has completed the APO Pledge Program as per schedule submitted
on _____ Chapter. Submitted herewith are Certified True Copies of the following: Certificate of Completion of
Leadership Development Phase; Friendship Development Phase and Service Development Phase; BSP Rover Scout
Training and/or; PNRC Disaster Response Training; and Pledge Membership Completion.

(Signature over Printed Name and ID Number)

ID Officer

(Signature over Printed Name and ID Number)

Grand Chancellor /Grand Lady Chancellor

Contact No: _____

E-mail address: _____