



Alpha Phi Omega

PHILIPPINES, INCORPORATED

FOUNDED ON DECEMBER 16, 1925 AT LAFAYETTE COLLEGE, EASTON, PENNSYLVANIA, USA
ORGANIZED ON MARCH 2, 1950 AT FAR EASTERN UNIVERSITY, MANILA, PHILIPPINES

APPLICATION FOR PLEDGESHIP

To: The Committee on Membership

Email to: apophcome@gmail.com

Thru: The Vice-President for the Fraternity / Sorority

Email to: collegiate.apo@gmail.com

Attach recent
and unretouched
1"x1" picture
without glasses or
headgear...

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.

Date of Application (mm/dd/year)

(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)	(LAST NAME)
	(BIRTHDATE mm/dd/year)	(DEGREE / COURSE)	(YEAR LEVEL)
HOME ADDRESS:	(HOUSE OR BUILDING NO. / STREET OR PUROK NAME / BARANGAY / MUNICIPALITY OR CITY / PROVINCE)		
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. 11053, "An Act Prohibiting Hazing and Regulating Other Forms of Initiation Rites of Fraternities, Sororities, and Other Organizations, and Providing Penalties for Violations Thereof, Amending for the Purpose Republic Act No. 8049, Entitled "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.

PRIME CHANCELLOR / PRIME LADY CHANCELLOR

Name: _____
APO ID Number: _____
Mobile No.: _____
E-mail Address: _____
Signature: _____

GRAND CHANCELLOR / GRAND LADY CHANCELLOR

Name: _____
APO ID Number: _____
Mobile No.: _____
E-mail Address: _____
Signature: _____



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(CHAPTER)

(COLLEGE / UNIVERSITY)

(REGION AND SECTION)

To: The Committee on Membership

Email to: apophcome@gmail.com

Thru: The Vice-President for the Fraternity / Sorority

Email to: collegiate.apo@gmail.com

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 Committee 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

**you may attach another list of paper if the space provided is not enough*

Furthermore, we reaffirm our adherence to Republic Act No. 11053, "An Act Prohibiting Hazing and Regulating Other Forms of Initiation Rites of Fraternities, Sororities, and Other Organizations, and Providing Penalties for Violations Thereof, Amending for the Purpose Republic Act No. 8049, Entitled "An Act Regulating Hazing and Other Forms of Initiation Rites in Fraternities, Sororities, and Organizations and Providing Penalties Therefor." in our Chapter.

GRAND CHANCELLOR / GRAND LADY CHANCELLOR

(Signature Over Printed Name and ID Number)

FACULTY ADVISER

(Signature Over Printed Name and ID Number)

COLLEGIATE SECTION CHAIR

(Signature Over Printed Name and ID Number)

NOTED BY:

REGIONAL DIRECTOR FOR COLLEGIATE

(Signature Over Printed Name and ID Number)

REGIONAL DIRECTOR FOR ALUMNI

(Signature Over Printed Name and ID Number)



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This is to Certify that:

has duly completed the Leadership, Friendship and Development Phases on the following dates:

LEADERSHIP DEVELOPMENT PHASE: _____

FRIENDSHIP DEVELOPMENT PHASE: _____

SERVICE DEVELOPMENT PHASE: _____

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

GRAND CHANCELLOR / GRAND LADY CHANCELLOR

(Signature Over Printed Name and ID Number)

FACULTY ADVISER

(Signature Over Printed Name and ID Number)

COLLEGIATE SECTION CHAIR

(Signature Over Printed Name and ID Number)

REGIONAL DIRECTOR FOR COLLEGIATE

(Signature Over Printed Name and ID Number)



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APPLICATION ACTIVE COLLEGIATE MEMBERSHIP

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

*Attach recent
and unretouched
1"x1" picture
without glasses or
headgear...*

Sign without touching the box or letters.

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.

Date of Application (mm/dd/year)

(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)	(LAST NAME)
HOME ADDRESS:	(HOUSE OR BUILDING NO. / STREET OR PUROK NAME / BARANGAY / MUNICIPALITY OR CITY / PROVINCE)		
	(BIRTHDATE mm/dd/year)	(DEGREE / COURSE)	(YEAR LEVEL)
NAME OF SCHOOL:			
SCHOOL ADDRESS:			
INSURANCE BENEFICIARY:	RELATIONSHIP:		

CERTIFICATION OF CHAPTER OFFICERS

This is to certify that _____ has completed the APO Pledge Program as per schedule submitted on _____. Submitted herewith are Certified True Copies of the following: **(1) Certificate of Completion of Leadership Development Phase; Friendship Development Phase and Service Development Phase; (2) BSP Rover Scout Training and/or; (3) PNRC Disaster Response Training and; (4) Pledge Membership Completion.**

ID OFFICER

NAME: _____
CONTACT NO: _____
E-MAIL ADD: _____
SIGNATURE: _____

GRAND CHANCELLOR / GRAND LADY CHANCELLOR

NAME: _____
CONTACT NO: _____
E-MAIL ADD: _____
SIGNATURE: _____