

ACCERT

ANTI-CRIME AND COMMUNITY EMERGENCY RESPONSE TEAM

F. Cabahug corner Pres. E. Quirino Sts., Brgy. Mabolo, Cebu City SEC. RN. CN20167958 TIN: 009-375-462-000



	\square NEW \square RENEWAL	. MEMBERSHIP			
Applying for which CHAPTER:		REGION:			
Name of CHAPTER HEAD:					
Recommended POSITION: REQUIREMENTS: Police Clearance,	Tel No	•			
For Questions, please text or call: DOD	Barangay Clearance, Drug 1 e	est & 2x2 Picture P Visavas) 0927364982 I			
	ERT OFFICE Tel No: (03				
INF	ORMATION SHEET/AF	PLICATIONFORM			
I. PERSONAL INFORMATION					
I. LAST NAME		10. RESIDENTIAL			
FIRST NAME	FIRST NAME		ADDRESS ZIP CODE		
MIDDLE NAME					
2. DATE OF BIRTH		II. PERMANENT ADDRESS; ZIP CODE			
3. PLACE OF BIRTH		ADDICESS; ZIP CODE			
4. SEX	7. HEIGHT(M)	12. TELEPHONE NO:			
5. CIVIL STATUS	8. WEIGHT (kg)	13. EMAIL ADDRESS			
6. CITIZENSHIP	9. BLOOD TYPE	14. OCCUPATION			
In case of emergency, please contact:		TEL. NO			
II. FAMILY BACKGROUND					
15. NAME OF SPOUSE					
OCCUPATION					
EMPLOYER/BUS ADDRESS TELEPHONE NO.					
16. NAME OF CHILDREN	Date of Birth	NAME OF CHILDI	REN	Date of Birth	
	(mm/dd/yyyy)			(mm/dd/yyyy)	
17. NAME OF FATHER		18. FULL MAIDEN NAME OF MOTHER			
III. EDUCATIONAL BACKGROUND		MOTHER			
19. LEVEL Name of Sch		Inclusive Dates of A	Inclusive Dates of Attendance		
(write in fu	(write in full)				
IV. SPECIAL SKILLS/TALENT:					
IMPORTANT: MEMBERSHIP FEE: ACCERT 500.00. Fill up this application form with COMPLETE REQUIREMENTS.					
Note: Applicant must strictly abide to the rules and regulations of the ACCERT					
Organization, any violations thereof would be a basis for dismissal from the organization, hence, affixing your signature, you have agreed that in event that					
your membership has been terminated due to resignation or expulsion, ACCERT					
Executive Board has the power to confiscate the Uniform, ID's and other					
collaterals that pertain to ACCERT in order to	protect its integrity.				
		SIGNATURE MU	SIGNATURE MUST BE IN THE CENTER OF THE BOX		