CONFIDENTIAL FILE

Kagalang-galang n Kapatiran ng Locos Delinquente 187

LAMBDA DELTA FRATERNITY

BROTHERHOOD, RESPONSIBILITY, KNOWLEDGE

MAPUA INSTITUTE OF TECHNOLOGY CHAPTER

FOUNDED 1995 A.D.

Membership Form

BATCH name: _____ Chapter: _____

Date of Survival: _____
month day year

Name: _____
Surname/ Given Name/ Middle Initial

Age: _____ Date of Birth: _____
month day year

Marital Status: ☐ Single ☐ Married ☐ Widowed

School: _____ Program/Yr: _____

Mailing Address:

Provincial: _____
(Street , Barangay, Municipality/ City, Province)

_____

City: _____
(Street , Barangay, Municipality/ City, Province)

_____

Contact Numbers:

Telephone: _____ Mobile: _____

E-mail: _____

Oath of Loyalty

I, _____ of the _____ chapter do solemnly swear that, as a new member of the LD187 Fraternity I will do with the best of my abilities, to do my duties and responsibilities as a member of the fraternity not only by abiding all the laws and obligations imposed. So as by helping my fellow Brothers at all times at all cost. So help me God.

_____
Signature

Signed on the ____ day of the month of _____ ,year_____.

Approved by:

_____
Signature over printed name
(CHAPTER President)

_____
Signature over printed name
(Master Initiator)