



**SIKAP-BUNDOK (MECSO)**  
<http://www.sikapbundok.org>  
**APPLICATION FORM**

FULL NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_  
Last First Middle

BIRTHDAY: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_ SEX: \_\_\_\_\_ C. STAT: \_\_\_\_\_  
m/d/y

BLOOD TYPE: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

SPECIAL MEDICATIONS: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_ TEL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

OFFICE (Company) \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_ TEL: \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP: \_\_\_\_\_ TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A MOUNTAINEERING OR SIMILAR CLUB? IF SO, STATE  
NAME OF CLUB, YEARS OF MEMBERSHIP, YEAR LAST A MEMER OF \_\_\_\_\_

WHY ARE YOU INTERESTED IN JOINING SIKAP BUNDOK? \_\_\_\_\_

I HEREBY STATE THAT THE ABOVE INFORMATION ARE TRUE AND FURNISHED TO HELP THE SIKAP-BUNDOK IN  
EVALUATING MY APPLICATION FOR MEMBERSHIP.

\_\_\_\_\_  
Witness/Sponsor

\_\_\_\_\_  
Signature Date  
T.I.N. \_\_\_\_\_

Initiation record:  
orient (date) \_\_\_\_\_ fee \_\_\_\_\_ med \_\_\_\_\_ id \_\_\_\_\_ others \_\_\_\_\_