

NAME		
_____ Surname	_____ Given Name	_____ Middle Name
DATE OF BIRTH		
_____ Year	_____ Month	_____ Day
ADDRESS		
_____ No. /Street/ District	_____ Barangay	
_____ Town	_____ Province/ City	_____ Congressional District No. (i)
<i>(i) If Province/City has more than one Congressional district; if not, leave blank</i>		
COMMUNICATION CONTACT DETAILS		
_____ Telephone; cellphone; or both		_____ Email
PRESENT OCCUPATION (check one)		
<input type="checkbox"/> Farmer	<input type="checkbox"/> Office Work: Supervision	<input type="checkbox"/> Practicing Lawyer
<input type="checkbox"/> Unskilled Worker	<input type="checkbox"/> Business Management	<input type="checkbox"/> Practicing CPA
<input type="checkbox"/> Househelp/ Family driver	<input type="checkbox"/> Large Business Entrepreneur	<input type="checkbox"/> Economist
<input type="checkbox"/> Public Vehicle Driver/ conductor	<input type="checkbox"/> NGO Management	<input type="checkbox"/> Engineer _____ (i)
<input type="checkbox"/> Skilled Worker (welder, carpenter, etc.)	<input type="checkbox"/> Government Worker	<input type="checkbox"/> Healthcare _____ (i)
<input type="checkbox"/> Factory/ Labor Work Supervision	<input type="checkbox"/> Government: Supervision	<input type="checkbox"/> OFW
<input type="checkbox"/> Small Business Owner/ Vendor	<input type="checkbox"/> Education: Teacher/ Supervisor	<input type="checkbox"/> Others
<input type="checkbox"/> Office Worker	<input type="checkbox"/> Practicing Doctor	<input type="checkbox"/> Student <i>(i) Specify field of work</i>
HIGHEST EDUCATIONAL ATTAINMENT (check one)		
<input type="checkbox"/> Student (currently)	<input type="checkbox"/> High school, not completed	<input type="checkbox"/> College, not completed
<input type="checkbox"/> Elementary School, not completed	<input type="checkbox"/> High school, completed	<input type="checkbox"/> College, completed
<input type="checkbox"/> Elementary school, completed	<input type="checkbox"/> Vocational school, completed	<input type="checkbox"/> Master's Degree (Completed)
PROFESSIONAL QUALIFICATION (check one)		
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Education	<input type="checkbox"/> Nursing
<input type="checkbox"/> Architecture	<input type="checkbox"/> Engineering _____ (i)	<input type="checkbox"/> Others _____ (i)
<input type="checkbox"/> CPA	<input type="checkbox"/> Law	
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Dentistry	<i>(i) Specify field of qualification</i>
PARTY ACTIVITIES (check one or more if you want to directly engage in Buklod activities)		
<input type="checkbox"/> Organizing/ membership development	<input type="checkbox"/> Fund raising	<input type="checkbox"/> Community affairs (promoting good citizenship; assistance to the poor; etc.)
Specific level:	<input type="checkbox"/> Research study	
<input type="checkbox"/> Barangay	<input type="checkbox"/> Office work	<input type="checkbox"/> Disaster relief/ assistance
<input type="checkbox"/> Town	<input type="checkbox"/> Security	<input type="checkbox"/> Youth cadre (18 to 25 years old)
<input type="checkbox"/> Province/City	<i>(Note: Assignments will be voluntary, and generally of short-duration and may be done outside of regular work hours.)</i>	
MEMBERSHIP CARD		
<input type="checkbox"/> Photo is attached or emailed separately (to be printed on card)	<input type="checkbox"/> Photo not attached (to be pasted on card by member later)	
CERTIFICATION		
I have not been convicted of any crime and have not engaged in graft and corruption. I am not or have not been an elected or appointed official in the National or Local government.		
_____ Signature		_____ Date

* Those who have been convicted of any crime or engaged in graft and corruption; and those past and present elected or appointed national or local government official (except at the Barangay Level), need not apply.

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Website: www.buklod.org

Note: Please accomplish also the attached **Oath of Membership** and send to Buklod together with the **Application for Membership**.