

Please complete all applicable fields using clear block letters. Fields marked * are required. Attach the requested photographs and supporting documents.

REGISTRATION DETAILS

Username *	Position	Date of Application
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Membership Type Probationary Member Regular Member Lifetime Member

PERSONAL INFORMATION

Last Name *	First Name *	Middle Initial	Suffix
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Birth Date * (DD / MM / YYYY)	Gender * (write in)	Height	Occupation
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Civil Status	Nationality	Blood Type * (write in)	Mobile Number *
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E-mail Address *	Home Address *
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CHAPTER AND MEMBERSHIP INFORMATION

Region	Province	City or Municipality
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Regional Director's Name	Leagues Officiated (list leagues, tournaments, or organizations, abbreviation only)
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Chapter Commissioner's Name & CP Number
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EMERGENCY CONTACT INFORMATION

Emergency Contact Person *	Relationship	Emergency Contact Number *	Alternate Contact Number
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Emergency Contact Address

REQUIRED IMAGES AND SIGNATURE

ID Photo * (Attach a recent 2x2-style portrait photograph.)	Signature * (Sign in this space or attach a clear signature image.)
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APPLICANT DECLARATION

I certify that the information supplied in this application is true and complete. I authorize BAP Roll the Ball Federation Inc. to verify the information and supporting documents submitted for membership and federation records.

Applicant's Signature *