

ROSTER/LIST OF OFFICERS AND MEMBERS

As of _____

(Updated within 6 months prior to application)

Name of the CSO: _____

Address: _____

| <i>Name of Officers and Members</i> | <i>Position/Title</i> | <i>Home Address</i> | <i>Contact Number/s</i> |
|-------------------------------------|-----------------------|---------------------|-------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Note:

- Please use additional sheet/s if necessary.
- Photocopy of any government-issued IDs **of the Officers** must be attached.
- If member has no contact number, indicate reasons why there is no contact number.

Name and signature of Secretary of the CSO_____
Date