Name: Age: Birthday:

(Last Name) (First Name) (Middle Name)

Home Address: Campus Address:

Blood Type: Height: Weight: Hair Color: Eyes:

Course: Nationality: Status: Sex:

Religion: Date of Baptism: (if Baptize)

Leadership Experience (if you have any):

Father’s Name: Mother’s Name:

Person to be contact incase of Emergency:

Address:

Cp #:

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(Student Signature)

Advent Explorer

2×2 Picture

Student Medical Missionary

Membership Form

Name: Age: Birthday:

(Last Name) (First Name) (Middle Name)

Home Address: Campus Address:

Blood Type: Height: Weight: Hair Color: Eyes:

Course: Nationality: Status: Sex:

Religion: Date of Baptism: (if Baptize)

Leadership Experience (if you have any):

Father’s Name: Mother’s Name:

Person to be contact incase of Emergency:

Address:

Cp #:

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(Student Signature)