

**DE LA SALLE UNIVERSITY-DASMARIÑAS**  
**OFFICE OF STUDENT SERVICES**  
**STUDENT DEVELOPMENT AND ACTIVITIES OFFICE**

**ROSTER OF OFFICERS**

SCHOOL YEAR: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

\_\_\_\_\_  
**NAME OF ORGANIZATION**

**IMPORTANT: List only the Positions stated in your Organizations' Constitution and By-Laws.**

NO.	POSITION	LAST NAME	FIRST NAME	M.I	CYS	E-MAIL ADDRESS	CONTACT NO.
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**NAME OF ADIVSER/TRAINOR:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

*I hereby certify that all information written above are true and correct. In behalf of the organization we allow the Student Development and Activities Office personnel to gather related information about the organization.*

**Prepared by:**

**Noted by:**

\_\_\_\_\_  
**PRESIDENT**  
 (Signature over printed name)

\_\_\_\_\_  
**ADVISER/TRAINOR**  
 (Signature over printed name)

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**