



CPHHI LIBRARY

STUDENT MEMBERSHIP FORM

Full Name: _____
(In Block Letter).

Program: _____

Student No. : _____

Badge No. : _____

Address: _____

University Email: _____

Personal Email: _____

Mobile No. : _____

For validation from Student Affairs, CPHHI:

Signature of the Student

Name & Signature

Date: _____

* Attach a copy of your student ID/Badge