

Republic of the Philippines
Legazpi City
SANGGUNIANG PANLUNGSOD

APPLICATION FORM FOR ACCREDITATION

Name of Organization : _____
Address : _____
Contact Number : _____
Date Organized : _____
Date Registered : _____

Registering Agency: (Check appropriate box)

- Securities and Exchange Commission
- Cooperative Development Authority
- Department of Labor and Employment
- Department of Social Welfare and Development
- Others (please specify)

Organizational Level: (Check appropriate box)

- Barangay-based
- Chapter
- Affiliate of a large organization
- Others (please specify)

Purposes/Objectives (Use additional sheets if necessary)

C.Y. _____ Implemented Projects

Name of Project	Cost	Beneficiaries	Status

Project Financing (Sources or schemes)

Services the Organization provides or can participate in:

Name of Officers and Members of its Board of Directors:

List of Members (Use separate sheet)

- Within the LGU
- Outside of the LGU, if any

WE HEREBY CERTIFY to the correctness of the above information.

Secretary

President