Philippine GUARDIANS Brotherhood, Inc.

PGBI Form No. 1

Permanent Organizational Roster

Chapter: _____ **Province:** _____

Address:_____

City / Municipality:_____ **Region:**_____

Number of Members:_____ **Date Filed:** _____

Name of Member	Organizational Rank/Pseudonym	PGBI ID Nr.

_____

CHAPTER Chairman or Secretary
(Signature over printed name)

Received By: _____

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