



Non-BAP Professional Hour Form

Please fill this form out completely and drop it in the in VP of Membership's box in the BEC accounting office.

NAME:

Membership Status: **ACTIVE** or **CANDIDATE**

DATE OF EVENT: _____

TIME OF EVENT: _____ **HOURS:** _____ (50 min=1hr)

ORGANIZATION:

PURPOSE/FUNCTION: _____

CONTACT NAME: _____

CONTACT NUMBER: _____

CONTACT SIGNATURE: _____