



**Non-BAP Service 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:**

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

**DATE OF PROJECT:** \_\_\_\_\_

**TIME OF PROJECT:** \_\_\_\_\_ **HOURS:** \_\_\_\_\_ (50 min=1hr)

**ORGANIZATION & FUNCTION:**

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**CONTACT NAME:** \_\_\_\_\_

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

**CONTACT SIGNATURE:** \_\_\_\_\_