

MEMBERSHIP APPLICATION

Academic Institution Industry (IT/BPO) LGU/NGO Support group

Name: _____

Address: _____

Tel No. : _____ Fax No.: _____ Website : _____

Number of Students / Employees / Members: _____

Nature of business/ Activities: _____

Official Representatives:

Name: _____ Title/Position: _____

Tel No. : _____ Fax No.: _____

Mobile No.: _____ Email Add: _____

Name: _____ Title/Position: _____

Tel No.: _____ Fax No.: _____

Mobile No.: _____ Email Add: _____

We understand as a member/representative, that we have the responsibility to attend meetings, activities, and programs of the organization, update our membership regularly, and thus we affix our signature for confirmation.

Signature

Application Date

