



LIFETIME REGULAR MEMBER (Corporate/Individual)

APPLICATION FORM

PLEASE PRINT LEGIBLY OR TYPE

CORPORATE

INDIVIDUAL

Name of Company/Organization/ Single Proprietorship			
Address			
Region	Province	Zip Code	P.O BOX
Telephone Numbers (include area code)		Fax No.:	
Mobile Number		E-mail	

Official Representative

Name	Position	E-mail	Mobile No.
Signature			

Alternate Representative

	Name	Position	E-mail	Mobile No.
1				
2				

SEND ALL COMMUNICATIONS TO:

Mobile No.: _____ E-mail Address: _____
 Fax No. : _____ This fax is: Automatic (24 hour fax line) Manual (Telefax)

FORM OF ORGANIZATION AND SIZE

<input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Registration Number SEC: _____ Date of Registration _____ DTI: _____	Date Established: _____ Number of Employees _____ Paid in Capital ₱ _____
Years in Existence <input type="checkbox"/> 25 to 49 Years (Gold) <input type="checkbox"/> 50 to 74 Years (Diamond) <input type="checkbox"/> 75 to 99 Years (Sapphire) <input type="checkbox"/> 100 Years and above (Platinum)	

LINE OF BUSINESS / INDUSTRY CATEGORY

<input type="checkbox"/> Trading (specify) _____	<input type="checkbox"/> Agriculture (specify) _____
<input type="checkbox"/> Service (specify) _____	<input type="checkbox"/> Others (Pls. specify) _____
<input type="checkbox"/> Manufacturing/Industry (specify) _____	

MEMBERSHIP IN OTHER ORGANIZATIONS

Name of Organization / Association (indicate complete name)	Date membership started

The undersigned hereby certifies that the information contained herein is true and correct to the best of my knowledge and belief.

_____ Name _____ Position _____ Signature _____ Date _____

Please return duly accomplished form to CCPI Secretariat

By Fax: (02) 527-5609

By E-mail: chamberphilislands@gmail.com

By Courier or Return Mail: Chamber Bldg. No. 3 Magallanes Drive, Intramuros, Manila 1002