APPLICATION FOR PROPRIETARY MEMBERSHIP (CORPORATION)

		Date
The Board of Directors		
Gentlemen:		
Application is hereby made for Propr	rietary Mem	bership in your club.
CORPORATE NAME :		
OFFICE ADDRESS :		
NATURE OF BUSINESS:		
TELEPHONE NO. :		
BANK REFERENCE :		
GROSS INCOME :		
We hereby agree to abide by the by- Club.	laws, House	e and Grounds Rules of the
	_	Corporate Name
	Ву:	
Corporate Representative		Signing Officer

Enclosed:

- 1 Articles of Incorporation with SEC Certification;
- 2 By-Laws;
- 3 Certificate of Corporate Secretary designating
 - a. List of Officers
 - b. Corporate Representative who will pay golf
 - c. Officers entitled to vote

We hereby certify that the above applicants is known to us and will be a desirable member of the Club.

UNDERTAKING

I hereby certify that all information given in this application is true and correct. I understand that non-disclosure/falsification of information as herein required shall be grounds for the disapproval of my application, immediate termination of my membership if approved, and/or legal action against me.

I agree to abide by the By-Laws and Rules & Regulations of Valley Golf & Country Club, Inc., Antipolo City.

By becoming a member of Valley Golf & Country Club, Inc. I hereby declare my willingness to pay service fee for every round of golf, buy Bingo Social raffle tickets and car stickers and other assessments as part of my commitment to the club.

Proposer (Signature over printed name)	Seconder (Signature over printed name)
(Signature over printed name)	(Signature over printed name)
Account No	Account No

Note: Both Proposer and Seconder must be Valley Golf & Country Club proprietary members of good standing.



APPLICATION FOR MEMBERSHIP

Which membership you	PROPRIETARY		
would like to apply for:	PLAYING GUEST	HONORARY	ASSOCIATE MEMBER
	PLEASE TELL US AB	OUT YOURSELF	
Name:	- I I I I I I I I I I I I I I I I I I I		Nickname:
(Last Name)	(Given Name)	(Middle Name)	
TIN No.:			ce & Date of Issue:
Highest Educational Attainn	nent:	Schools	
Attended:			
Course/Major:		Year:	
Occupation:			
		:	Citizenship:
Civil Status:	If Married, Name of I	egitimate Spouse:	
Occupation (Spouse):		Date of Birth	(Spouse):
оссирации (эроизе):		Date of Birth	(Spouse).
Residence Address:			
			ail Address:
			an / taar coor
Membership in other clabs	` ''		
Name of Comments	PLEASE TELL US AB		
Position:			
Business Address:			
	ZIP Code:	Neare	st Landmark:
	_	.	
Tel. Nos.	F	ax No.	
Duefermed hilling address.		OFF	TCE
Preferred billing address:			
·		•	f age and below are eligible for
		ts, only two (2) cr	nildren are eligible. Please check
who among your dependen			
NAME	SIGNATURE		DATE OF BIRTH
			(Please submit Birth Certificate)
	(If additional space nee	ded use extra she	et)
PERSONAL REFERENCES	S:		•
NAME	RELATIONS	HIP ADDRI	ESS / TEL. NO. & MOBILE NO.
			-
Do not leave spaces blank.	Write N/A if not applicable.		

UNDERTAKING

I hereby certify that all information given in this application is true and correct. I understand that non-disclosure/falsification of information as herein required shall be grounds for the disapproval of my application, immediate termination of my membership if approved, and/or legal action against me.

I agree to abide by the By-Laws and Rules & Regulations of Valley Golf & Country Club, Inc., Antipolo City.

By becoming a member of Valley Golf & Country Club, Inc. I hereby declare my willingness to pay service fee for every round of golf, buy Bingo Social raffle tickets and car stickers and other assessments as part of my commitment to the club.

Applicant's Authorized Signature	Date	
Proposer	Seconder	

Note:

Both Proposer and Seconder must be Valley Golf & Country Club proprietary members of good standing.

Both Proposer and Seconder confirms the applicant's good moral character. Thus, both of them hereby guarantee the applicant's good and upright conduct within Valley Golf & Country Club.