



VALLE VERDE COUNTRY CLUB, INC.

Capt. Henry P. Javier Street, Bo. Oranbo, Pasig City

APPLICATION FORM

(CORPORATE ASSIGNEE)

The Board of Directors Valle Verde Country Club, Inc. Pasig City		Date of Applicatio	n:
Gentlemen:			
I wish to apply as a Corporate A of the Valle Verde Country Club,	ssignee Inc., with account number	(NAME OF CORPORATE MEMBER) (ACCOUNT NO. OF MEMBER)	
The attached information sheet	s submitted in connection	with this application.	
I agree that the Club shall have Club shall, in no case be under have read and understood and I	any obligation to give the	reason or cause underlying it	
Have you ever before applied fo	r membership in the Valle	Verde Country Club, Inc. (VV	CCI)? ☐ Yes ☐ No
If yes, please state the type of n	nembership:		
Processing Fee - Php 5,000.00			
	FOR END	DRSERS	
		mber of Membership Committe	
We hereby certify that the belo member of Valle Verde Country		known to us and that we fin	d him/her worthy to be a
Proposer's Signature	:		
Printed Name	<u>:</u>		
Membership Card No.	;		
Seconder's Signature	:		
Printed Name	:		
Membership Card No.	:		
In case of a Membership Appl Admission Fee will be refunded.		rejected, Processing Fee of	P5,000 will be forfeited.
		Printed N	Name & Signature

Applicant's name will be posted at the Club's bulletin board for 30 consecutive days and will be scheduled for an interview by the Membership Committee thereafter. Opening and closing of accounts for the concerned parties will be simultaneous and upon approval of the Board of Directors.

I waived the provisions of the Data Privacy Act (RA) 10173. I received & read By-Laws of the Club.



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MEMBER'S INFORMATION SHEET (CORPORATE ASSIGNEE)

<u></u>						

NO:CA-

Name:(Last Name)	(First	Name)	(Middle Name)	(Suffix)		
Nickname:	_Civil Status:	vil Status: Date of Birth:				
Citizenship:	TIN:	Place of Birth:				
Mailing Address:						
Statement of Account shall be se	nt by:	☐ Delivery (Fees App	^{ly)} or □ Pick-up by Mem	ber		
	CONT	ACT DETAILS	3			
Mobile No.:	Home Landline:		Office Landline :			
Email Address:	Alte	ernate Email Addr	ess:			
Business Affiliation or Profession	al Activities (Give de	etails):				
Company Connected with:						
	mpany Connected with:					
Business Address:						
Other Club(s) Associated with:						
	DEPE	ENDENTS				
Name of Dependents	Relationship	Date of Birth	Email Address	Signature		

I hereby certify that all of the information in this form are true and correct of my personal knowledge and based on authentic documents. Any misrepresentation shall be a ground for disapproval of my application or expulsion from the Club should such misrepresentation be known thereafter.

Date