



## VALLE VERDE COUNTRY CLUB, INC.

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

## **APPLICATION FORM**

(REGULAR ASSIGNEE)

The Board of Directors Valle Verde Country Club, Inc. Pasig City	Date of Application:
Gentlemen:	
I wish to apply as a Regular Ass share of stock of VVCCI from with account number	Signee of the Valle Verde Country Club, Inc. I, of legal age, plan to lease one (1)  (NAME OF MEMBER/ASSIGNOR)  NO. OF MEMBER/ASSIGNOR)
	s submitted in connection with this application.
Club shall, in no case be under	the exclusive right to accept or reject this application and I acknowledge that the any obligation to give the reason or cause underlying its action. I acknowledge to agree to the By-Laws of the Club.
Have you ever before applied fo	membership in the Valle Verde Country Club, Inc. (VVCCI)?
If yes, please state the type of m	embership:
Admission fee (one time paymer Security deposit (refundable) - P Processing fee (annually) - Php  Must be a proprietary memb	hp 10,000.00
We hereby certify that the belo member of Valle Verde Country	w applicant is personally known to us and that we find him/her worthy to be a Club, Inc.
Proposer's Signature	:
Printed Name	:
Membership Card No.	:
Seconder's Signature	:
Printed Name	:
Membership Card No.	:
In case of a Membership Appl Admission Fee will be refunded.	cation getting denied or rejected, Processing Fee of P5,000 will be forfeited.
	Printed 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.





## VALLE VERDE COUNTRY CLUB, INC.

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

## MEMBER'S INFORMATION SHEET (REGULAR ASSIGNEE)

Name:	(Last Name)	me) (First Name)		(Middle Name)	(Suffix)			
			Date of Birth:					
Citizenship:	TIN	N:	Place of Birth:					
Mailing Address	:							
Statement of Ac	count shall be sent t		-	<sup>ly)</sup> or □ Pick-up by Mem	ber			
		CONTA	ACT DETAILS					
Mobile No.:		Home Landline: Office Landline :						
Email Address:		Alternate Email Address:						
Business Affiliat	ion or Professional /	Activities (Give de	etails):					
Company Conne	ected with:							
		Years of Service:						
	ss:							
Other Club(s) As	ssociated with:							
		DEPE	NDENTS					
Name of	f 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.

> Signature Date