



# VALLE VERDE COUNTRY CLUB, INC.

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

**NO:RP-**

## APPLICATION FORM (REGULAR PROPRIETARY MEMBERSHIP)

The Board of Directors  
Valle Verde Country Club, Inc.  
Pasig City

Date of Application: \_\_\_\_\_

Gentlemen:

I wish to apply to be a member of the Valle Verde Country Club, Inc. (VVCCI). I plan to purchase one (1) P-M-F Certificate of VVCCI from \_\_\_\_\_  
(NAME OF SELLER)

The attached information sheet is submitted in connection with this application.

I agree that the Club shall have the exclusive right to accept or reject this application and I acknowledge that the Club shall, in no case be under any obligation to give the reason or cause underlying its action. I acknowledge to have read and understood and I agree to the By-Laws of the Club.

Have you ever applied for membership in the Valle Verde Country Club, Inc. (VVCCI)?  Yes  No

If yes, please state the type of membership previously applied in: \_\_\_\_\_

I agree to pay Transfer Fee **NONE** (Immediate Family)  
Php 50, 000.00 (Regular Transfer)

### FOR ENDORSERS

**Must be a proprietary member but not a director or member of Membership Committee, ref: Sec 5 By Laws**

We hereby certify that the below applicant is personally known to us and that we find him/her worthy to be a member of Valle Verde Country Club, Inc.

Proposer's Signature : \_\_\_\_\_

Printed Name : \_\_\_\_\_

Membership Card No. : \_\_\_\_\_

Seconder's Signature : \_\_\_\_\_

Printed Name : \_\_\_\_\_

Membership Card No. : \_\_\_\_\_

*Under no circumstances will the Club be held responsible or liable in any way for any claims or expenses to the Seller or Buyer arising from the rejection of the Membership Application.*

*In case of a Membership Application getting denied or rejected, a P5,000 Application Fee will be imposed. Transfer Fees will be refunded.*

\_\_\_\_\_  
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.*

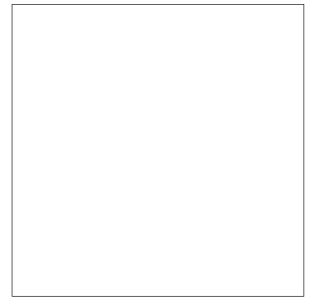
*I waived the provisions of the Data Privacy Act (RA) 10173.  
I received & read By-Laws of the Club.*



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## MEMBER'S INFORMATION SHEET (REGULAR PROPRIETARY MEMBERSHIP)

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Suffix)

Nickname: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ TIN: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Statement of Account shall be sent by:  Email  Delivery (Fees Apply) or  Pick-up by Member

### CONTACT DETAILS

Mobile No.: \_\_\_\_\_ Home Landline: \_\_\_\_\_ Office Landline : \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

Business Affiliation or Professional Activities (Give details): \_\_\_\_\_

Company Connected with: \_\_\_\_\_

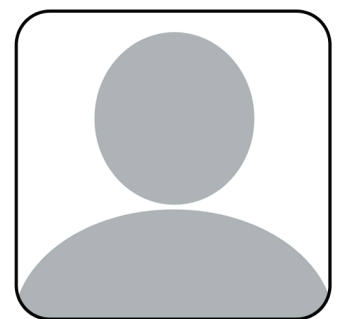
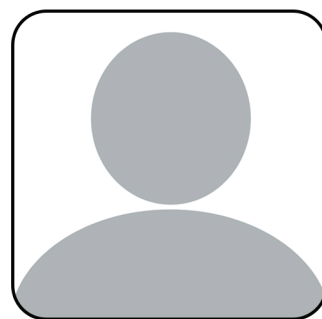
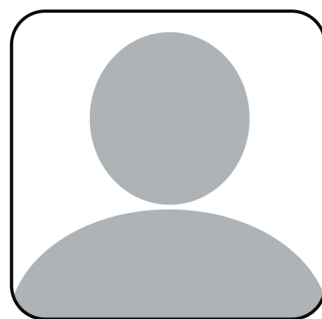
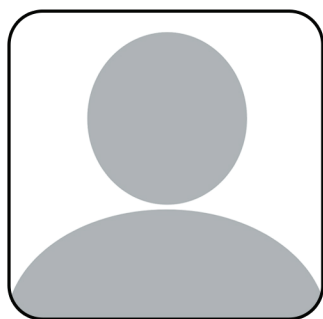
Position in the Company: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Business Address: \_\_\_\_\_

Other Club(s) Associated with: \_\_\_\_\_

### DEPENDENTS

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.

Signature

Date