

**SUBIC BAY FREEPORT CHAMBER OF COMMERCE**  
**BLDG 398A SCHLEY ROAD EXTENSION, SRF COMPOUND, SBFZ 2222 PHILIPPINES**  
**TEL +63 47 252-3180 FAX +63 47 252-3190**  
**E-mail: [sbfcc@pldtsubic.tel.com](mailto:sbfcc@pldtsubic.tel.com) Website: [www.subicchamber.org](http://www.subicchamber.org)**

**APPLICATION FOR SBFCC MEMBERSHIP**

Company:	
Address:	Nationality:
	Ownership: (Corporation, Etc..)
	Website:
Phone	Fax
Email	
Type of Business	
<b>OFFICIAL REPRESENTATIVE</b>	<b>ALTERNATIVE REPRESENTATIVE</b>
Name _____	Name _____
Signature _____	Signature _____
Position _____	Position _____
Cell phone number _____	Cell phone number _____
<input type="checkbox"/> Include Cell phone number on directory <input type="checkbox"/> Don't Include Cell phone number on directory	<input type="checkbox"/> Include Cell phone number on directory <input type="checkbox"/> Don't Include Cell phone number on directory
<b>INDICATE AREA OF INTEREST</b>	
<input type="checkbox"/> Import/ Export	<input type="checkbox"/> Investment and Business Development
<input type="checkbox"/> Environment	<input type="checkbox"/> SBMA Liaison
<input type="checkbox"/> Health and welfare	<input type="checkbox"/> Membership Development
<input type="checkbox"/> Tourism	<input type="checkbox"/> Labor
<input type="checkbox"/> Security	<input type="checkbox"/> Others, Specify _____
<b>ANNUAL FEE effective March 1<sup>st</sup> 2008</b>  Corporate Membership: P 10,000.00  Associate Membership: P 7,000.00	<b>FOR OFFICIAL USE ONLY</b>
Return this form signed and completed with check payable to: <b>SUBIC BAY FREEPORT CHAMBER OF COMMERCE</b> For direct bank remittance:  <b>Bank of Commerce</b> <b>Subic Branch</b> <b>Acct. No: 081-00-000054-0</b>  <b>BPI</b> <b>SBMA Branch</b> <b>Acct No: 0691-0012-37</b>  Fax copy of deposit slip and application form to +63 47-252-3190	Date Received:
	Receipt Number:
	Amount paid:
	Membership Period: