

**SUBIC BAY FREEPORT CHAMBER OF COMMERCE**  
**BLDG 398-A SCHLEY ROAD EXTENSION, SRF COMPOUND, SBFZ 2222 PHILIPPINES**  
**TEL +63 47 252-3180 FAX +63 47 252-3190**  
**E-mail: [sbfcc@subictel.com](mailto:sbfcc@subictel.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:		
Description of Business:		
<b>OFFICIAL REPRESENTATIVE</b>		<b>ALTERNATE REPRESENTATIVE</b>
Name: _____		Name: _____
Signature: _____		Signature: _____
Position: _____		Position: _____
Cell phone No: _____		Cell phone No: _____
<input type="checkbox"/> Include cell phone number on directory <input type="checkbox"/> Don't include cell phone number		<input type="checkbox"/> Include cell phone number on directory <input type="checkbox"/> Don't include cell phone number on directory
<b>INDICATE AREA (S) 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: _____

<p><b>2008 ANNUAL FEE effective March 1<sup>st</sup> 2008</b></p> <p style="text-align: center;"><b>Corporate Membership: P 10,000.00</b></p>	<p><input type="checkbox"/> <i>Note: Check if for information update only.</i></p>
<p>Return this form signed and completed with check payable to:  <b>SUBIC BAY FREEPORT CHAMBER OF COMMERCE</b></p> <p>For direct bank remittance:  <b>Bank of the Philippine Island</b>  <b>Subic Bay Freeport Branch</b>  <b>Acct No: 0691-0012-37</b></p> <p>Fax copy of deposit slip and application form to 047-252-3190</p>	<p><b>FOR OFFICIAL USE ONLY</b></p>
	Date Received: _____
	Receipt Number: _____
	Amount paid: _____
	Membership Period: _____