

APPLICATION FOR P.P.B.S MEMBERSHIP

NAME: _____ BIRTH DATE: _____

HOME ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____ EMAIL: _____

EDUCATIONAL BACKGROUND

ALMA MATER: _____ YEAR GRADUATED: _____

DEGREE EARNED: _____

BUSINESS BACKGROUND

BUSINESS NAME: _____ LENGTH OF TIME IN BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS LICENSE NUMBER: _____

I, the undersigned, do hereby apply for membership in the Philippine Professional & Business Society of Santa Clara Valley, Inc. and affirm that the statements in the above information are true and correct.

I further understand that there is an annual membership fee of \$40.00 per year for those under 55 years old, and \$25.00 per year for those 55 years old or older.

If accepted as a member, I promise to abide by the Constitution and By-Law of the Society.

APPLICANT'S SIGNATURE: _____ DATE: _____

SPONSORING MEMBER'S SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____
