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ASIA SOCIETY PHILIPPINES MEMBERSHIP FORM

Thank you for your support.

Please place an (X) where applicable:

NEW APPLICATION RENEWAL

MEMBERSHIP TYPE:

- Corporate Membership (P 30,000; for two (2) company officers)
- Family Membership (P 6,000; for up to three (3) members at the same residence)
- Individual Membership (P 3,000)
- Young Professional Membership (P 1,500; for members 35 years old and below)

Additional Remarks: _____

PAYMENT OPTIONS

a. Deposit to our Peso Account	b. Deliver cheque addressed ASIA SOCIETY PHILIPPINE FOUNDATION, INC. to :
Account No.: 380113287 Account: Asia Society Philippine Foundation, Inc. Branch: Banco de Oro, Benavidez, Pasay Road, Makati City	2/F AIM Conference Center, Benavidez cor. Trasierra Sts. Legaspi Village, Makati City 1260, Philippines

Contact Person for Payment:

Name: _____

Position: _____

Contact Details: _____

Global Officers

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Co-Chair

Henrietta H. Fore
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Executive Vice President
& Acting Head

Global Headquarters

725 Park Avenue
New York, NY 10021-5088
Phone 212.288.6400
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ASIA SOCIETY PHILIPPINE FOUNDATION, INC.

AIM Conference Center, 2nd Floor, Benavidez corner Trasierra Streets, Legaspi Village, Makati City, Philippines 1260
Phone 632.550.2612 Telefax 632.810.8983

www.AsiaSociety.org/Philippines



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MEMBERSHIP INFORMATION

We are completing a more comprehensive database of our members. We encourage you to complete the information below. Kindly fax or email the accomplished membership form to 810-8983 or to MRarugal@asiasociety.org. Thank you very much for your time.

Membership Information

Name: Mr. Ms. Mrs. Dr. Atty. Other: _____ Birthday: _____

Home Phone: _____ Work Phone: _____

Email: _____ Mobile Number: _____

Mailing Address: () Work () Home

Company Name: _____

Designation: _____

Spouse's Name: _____

Assistant's Name & Contact Information:

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Additional Member/s Information (for Corporate or Family Memberships only)

Member Information 2 (Corporate or Family Membership)

Name: Mr. Ms. Mrs. Dr. Atty. Other: _____ Birthday: _____

Home Phone: _____ Work Phone: _____

Email: _____ Mobile Number: _____

Mailing Address: () Work () Home

Company Name: _____

Designation: _____

Spouse's Name: _____

Assistant's Name & Contact Information:

Member Information 3 (Family Membership only)

Name: Mr. Ms. Mrs. Dr. Atty. Other: _____ Birthday: _____

Home Phone: _____ Work Phone: _____

Email: _____ Mobile Number: _____

Mailing Address: () Work () Home

Company Name: _____

Designation: _____

Spouse's Name: _____

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