



HONG KONG · HOUSTON · LOS ANGELES · **MANILA** · MUMBAI · NEW YORK
SAN FRANCISCO · SEOUL · SHANGHAI · SYDNEY · WASHINGTON, D.C.

Philippines

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Edward A. Tortorici
Luis J.L. Virata
Fernando Zobel de Ayala

ASIA SOCIETY PHILIPPINES MEMBERSHIP FORM

*Thank you for your support. Kindly e-mail the accomplished membership form to
MRarugal@asiasociety.org or fax to 810-8983.*

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: _____

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Ronnie C. Chan
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Executive Vice President
& Acting Head

Global Headquarters

725 Park Avenue
New York, NY 10021-5088
Phone 212.288.6400
Fax 212.517.8315

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 e-mail the accomplished membership form to MRarugal@asiasociety.org or fax to 810-8983. Thank you very much for your time.

Membership Information

Full Name:		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Atty. <input type="checkbox"/> Others		
Company:		Designation:
Birthday:		
E-mail Address		
Work Phone:	Home Phone:	Mobile #:
Spouse's Name:		
Mailing Address: <input type="checkbox"/> Work <input type="checkbox"/> Home		
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)

Full Name:		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Atty. <input type="checkbox"/> Others _____		
Company:	Designation:	
Birthday:		
E-mail Address		
Work Phone:	Home Phone:	Mobile #:
Spouse's Name		
Mailing Address: <input type="checkbox"/> Work <input type="checkbox"/> Home		
Assistant's Name & Contact Information:		

Member Information 3 (Family Membership only)

Full Name:		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Atty. <input type="checkbox"/> Others _____		
Company:	Designation:	
Birthday:		
E-mail Address		
Work Phone:	Home Phone:	Mobile #:
Spouse's Name		
Mailing Address: <input type="checkbox"/> Work <input type="checkbox"/> Home		
Assistant's Name & Contact Information:		

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