



Founded in 1956 by John D. Rockefeller 3rd  
 HONG KONG · HOUSTON · LOS ANGELES · **MANILA** · MUMBAI · NEW YORK  
 SAN FRANCISCO · SEOUL · SHANGHAI · SYDNEY · WASHINGTON, D.C. · ZURICH

Philippines

**MEMBERSHIP FORM**

Kindly e-mail the accomplished membership form to [Manila@asiasociety.org](mailto:Manila@asiasociety.org).  
 For clarifications, please call (02) 550-2612.

**MEMBERSHIP TYPE:**

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

*\*Membership dues are prorated. After submitting the accomplished membership form, please wait for a Billing Statement for reference on payment.*

**Kindly complete the tables below. For Individual and Young Professional Memberships, only complete Table A.**

**A. First Family/Corporation Member (Primary Contact)**

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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Washington SyCip

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Fernando Zobel de Ayala  
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Teresita Sy-Coson  
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**B. Second Family/Corporation Member**

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:		

**C. Third Family Member**

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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**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

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**Contact Person for Payment:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Details: \_\_\_\_\_

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