

MEMBERSHIP APPLICATION

MEMBERSHIP TYPE			
Proprietary Member	Playing Guest	Corporate Representative	Associate Membership

Prospective members should follow the instructions provided below for becoming a club member.

- 1. Completely fill out and sign the MEMBERSHIP APPLICATION. Do not leave spaces blank.
- 2. Submit the requirements to the Membership Office.
- 3. The applicant shall be interviewed and recommended/endorsed by at least three (3) members of the Membership Committee.
- 4. The applicant shall be posted for thirty (30) days prior to the approval of the Board of Directors on its scheduled regular meeting.
- 5. Upon approval, the member will be given a permanent account number and enjoy the playing privileges.

PERSONAL INFORMATION

NAME						NICKNAME
Last Name	Given Name		Middle	Name		
DATE OF BIRTH	PLACE OF BIRTH		Middle Name CITIZENSHIP			OCCUPATION
TIN	PASSPORT NO.	PASSPORT NO.		PLACE	LACE & DATE OF ISSUE	
HIGHEST EDUCATIONAL ATTAINMENT	COURSE/MAJOR	OURSE/MAJOR YEAR GRADU		SCHOOI	S ATTENDED	
FATHER'S NAME		MOTHER	'S NA	ΛE		
RESIDENCE ADDRESS						
LANDLINE NUMBER	MOBILE NUMB	MOBILE NUMBER		E-M/	AIL ADDRESS	, Billing statement will be sent thru email.
CIVIL STATUS	Name of Legit	Name of Legitimate Spouse (if married)				
 Single Married Divorced 		n			Occupatio	on
 Separated Widowed 	SIGNATURE OF	SIGNATURE OF SPOUSE				
DEPENDENTS OTHER THAN Unmarried children unde	I SPOUSE If additionation of a ge c	n space nee nre eligible	ded, use for pri	e extra she vileges u	et Inder this me	embership.
NAME		DATE OF BIRTH				SIGNATURE

DISCLOSURE

Have you been convicted of a criminal offense?	 No Yes Offense: Date and Place of conviction: Sentence:
Are there any criminal charges pending against you?	 No Yes Offense: Details of Charge:
Have you ever been denied/refused membership in any other golf club/s?	 No Yes Name of Golf Club/s:

PERSONAL REFERENCES

NAME	RELATIONSHIP	ADDRESS/CONTACT NUMBER

COMPANY INFORMATION

NAME OF COMPANY		LINE OF BUSINESS	POSITION	
ADDRESS				
LANDLINE NUMBER	FAX NUMBER	W	EBSITE/E-MAIL	

CLUB AFFILIATION

HOW LONG HAVE YOU BEEN PLAYING GOLF?	PRESENT HANDICAP	MEMBERSHIP IN OTHER CLUBS
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My membership is being proposed by the following two Club proprietary members of good standing and hereby confirm my good moral character and guarantee my good and upright conduct within Valley Golf & Country Club:

NAME
ACCOUNT NUMBER
MOBILE NUMBER
SIGNATURE

UNDERTAKING

I hereby certify that all information given in this application is true and correct. I understand that non-disclosure/misrepresentation/falsification of information as herein required shall be a ground for the disapproval of my application, immediate termination of my membership if approved, and/or legal action against me. By filling up and submitting this application form, I hereby agree that my personal data provided in this form may be collected, used, processed and disclosed by the Club for purposes of processing my application for membership, dissemination to members of information on latest happenings in the Club, sending of billing statements, Club News, bulletins, emergency and general announcements, special course conditions, special events, promotional offers and other relevant information of the Club via SMS (Text Messaging), e-mail or other electronic messaging facilities, in accordance with the Data Privacy Act of 2012 and its implementing rules and regulations. In respect of disclosure, I understand that the Club may disclose my personal data to third parties where necessary for the above-stated purposes.

I agree to abide by the By-Laws and Rules & Regulations of Valley Golf & Country Club, Inc., Antipolo City.

By becoming a member of Valley Golf & Country Club, Inc. I hereby declare my willingness to pay service fee for every round of golf, buy Bingo Social raffle tickets and car stickers and other assessments as part of my commitment to the club.

Applicant's Authorized Signature	Date