

**SUBIC BAY FREEPORT CHAMBER OF COMMERCE**  
 G/F – Rm. 101 SBMA Regulatory Building Corner Labitan Street & Rizal Highway  
 Subic Bay Freeport Zone, RP 2222  
 TEL +63 47 252-3180 FAX +63 47 252-3190  
 E-mail: [marketing@sbfcc.com](mailto:marketing@sbfcc.com) Website: [sbfcc.com](http://sbfcc.com)

**APPLICATION FOR SBFCC MEMBERSHIP**

Company:	
Address:	Nationality:
	Ownership: (Corporation, Etc.)
	Website:
Phone	Fax
Email	
Type of Business	No. of Employees
<b>OFFICIAL REPRESENTATIVE</b>	<b>ALTERNATIVE REPRESENTATIVE</b>
Name _____	Name _____
Signature _____	Signature _____
Position _____	Position _____
Cell phone number	Cell phone number
<input type="checkbox"/> Include Cell phone number on directory <input type="checkbox"/> Don't Include Cell phone number on directory	<input type="checkbox"/> Include Cell phone number on directory <input type="checkbox"/> Don't Include Cell phone number on directory
<b>INDICATE AREA OF INTEREST</b>	
<input type="checkbox"/> Import/ Export	<input type="checkbox"/> Investment and Business Development
<input type="checkbox"/> Environment	<input type="checkbox"/> SBMA Liaison
<input type="checkbox"/> Health and welfare	<input type="checkbox"/> Membership Development
<input type="checkbox"/> Tourism	<input type="checkbox"/> Labor
<input type="checkbox"/> Security	<input type="checkbox"/> Others, Specify _____
<b>ANNUAL FEE effective March 1<sup>st</sup> 2008</b> Corporate Membership: P 10,000.00	<b>FOR OFFICIAL USE ONLY</b>
Return this form signed and completed with check payable to: <b>SUBIC BAY FREEPORT CHAMBER OF COMMERCE</b> For direct bank remittance: <b>Bank of Commerce</b> <b>Subic Branch</b> <b>Acct. No: 081-00-000054-0</b>  <b>BPI</b> <b>SBMA Branch</b> <b>Acct No: 0691-0012-37</b>	Date Received:
	Receipt Number:
	Amount paid:
	Membership Period:
Fax copy of deposit slip and application form to +63 47-252-3190	