



CMR-2021-O _____

Passport
Size

MEMBERSHIP APPLICATION FORM

INSTRUCTIONS: Please fill up completely with all the information required and submit to the Office of the Secretariat together with all the required documents.

BASIC PROFILE	
Name of Applicant: _____	
Registered Name: _____	
Trade Name: _____	
Business Address: _____	Home Address: _____
Birthdate: _____	Nickname: _____
Contact Number: _____	Mobile Number: _____
Email Address (Business): _____	Email Address (Personal): _____

FORM OF ORGANIZATION & SIZE		
Form of Organization	Size of Company by Assets	Number of Employees
Corporation Partnership	Micro (Php 3,000,000 & Below) Small (Php 3,000,000 - Php 15M) Medium (Php 15,000,001 - Php 100M) Large (Php 100,000,001 & Above)	Date Established
Single Proprietorship Cooperative		
Registration Number: SEC/DTI No. _____		
Date of Registration: _____		

BUSINESS LINE	PRODUCTS / SERVICES DESCRIPTION
Manufacturing Retail/Wholesale	
Processing Agricultural	
Trading (Export & Import) Construction/Engineering	
Distribution/Distributorship Tourism	
Logistics Hotel	
Services Others Pls. Specify	
Transportation _____	

How did you know about CSCCI?

Advertisement Newspaper Events Website

Referral, by whom _____ Others _____

Membership in other Organization(s):

AGREEMENT

I understand that my application to the Camarines Sur Chamber of Commerce and Industry (CSCCI) is subject to the following conditions:

1. That it is my responsibility to provide accurate information in this application, to provide all necessary documents and to authorize the CSCCI to verify all credentials submitted;
2. That any misrepresentation of facts in this application will justify the denial of membership;
3. That I undertake to notify the CSCCI in case there are any changes in the facts stated in this application and supporting documents from the date of application to formal membership;
4. That I agree to abide by the rules, policies and regulations of the CSCCI once I become a member; and
5. That I agree to the use of my or my organization's name, logo, photos, videos or image in the CSCCI's publication, advertising and materials in media platforms without financial remuneration or prior notice.

Note: All documents shall become the property of the CSCCI and shall be kept with utmost confidentiality.

(Signature over printed name)

Date

Do not fill-up after this line. For CSCCI use only.

SUBMITTED REQUIREMENT

Duly accomplished and signed membership application form;

Endorsement in writing by at least two (2) members of the CSCCI of good standing;

Latest copy of the DTI or SEC registration of the business organization;

Annual submission of Mayor's Permit;

For institutional members, annual submission of authorization letter from the represented person or organization;

Receipts for fully paid affiliation and membership fee;

One-time Affiliation Fee of TWO THOUSAND, FIVE HUNDRED PESOS (P2,500.00);

O.R. No. _____ Date _____

Annual Membership Dues of TWO THOUSAND, FIVE HUNDRED PESOS (P2,500.00) for individual/institutional members; and

O.R. No. _____ Date _____

A Lifetime Membership of TWENTY-FIVE THOUSAND PESOS (P25,000.00)

O.R. No. _____ Date _____

Prepared and reviewed by:

MARISSA S. ESTARES
Secretariat for Membership

Date:

Action taken by the Committee on
Membership and Recognition:

Certified by:

Approved

Disapproved

Date: _____

KRISTAN CARL E. MALAZARTE
Vice President for Membership