



MEMBERSHIP APPLICATION

NAME OF COMPANY : _____
 ADDRESS : _____

 CONTACT NUMBER/S : _____
 FAX NUMBER : _____

OFFICIAL REPRESENTATIVE

NAME : _____
 DESIGNATION : _____
 EMAIL ADDRESS : _____
 CONTACT NUMBER/S : _____
 BIRTHDAY : _____

ALTERNATE REPRESENTATIVE

NAME : _____
 DESIGNATION : _____
 EMAIL ADDRESS : _____
 CONTACT NUMBER/S : _____
 BIRTHDAY : _____

FEES:
PHP 5,000 – One-Time Joining Fee (for new members)
PHP 5,000 – Annual Membership Fee

I hereby signify my willingness to be a member of the Association for Inbound Golf Tourism Philippines (AIGTP), Inc., with all the rights, privileges and obligations thereunto appertaining.

OFFICIAL REPRESENTATIVE

DESIGNATION

Date: _____