



Wack Wack Golf & Country Club

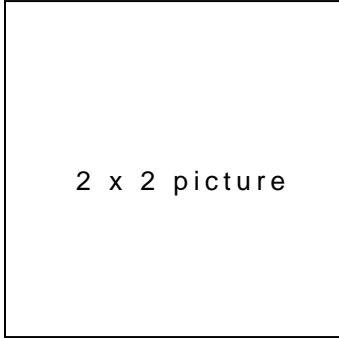
Shaw Boulevard, Mandaluyong City, Metro Manila, Philippines* P.O Box 129 Manila

Tel. Nos.: (632) 723-0665 to 72* Telefax No.: (632) 721-3935

e-mail: membership@wackwack.com * website: <http://www.wackwack.com>

Application for Membership

- Proprietary Playing Representative Special Associate
 Associate Playing Guest Junior



(PLEASE FILL-UP ALL BLANKS [TYPEWRITTEN]. Incomplete application forms will not be processed)

Date of Application _____

Acquired from (if Proprietary)_____ Membership Fee Certificate No. _____

Name of Assignor (if Playing Guest or Playing Representative)_____

Name of Applicant _____
(Family Name) (First Name) (Maiden Name)

Nickname _____ Date of Birth _____

Citizenship _____ Place of Birth _____

Sports Interests / Hobbies / Socio-Civic Activities _____

Name of Father: _____ Name of Mother: _____

Occupation: _____ Occupation: _____

Civil Status: () single () married () legally separated () widowed / widower

Name of Spouse _____
(Family Name) (First Name) (Maiden Name)

Nickname _____ Date of Birth _____

Citizenship _____ Place of Birth _____

Sports Interests / Hobbies / Socio-Civic Activities _____

Wedding Anniversary _____

Dependents other than Spouse (Unmarried children aged 25 years old and below)

Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Undeclared spouse / dependents and those with no marriage or birth certificate submitted to the Membership Department will be treated as guests with the corresponding rules and charges applied in the use of the Club's facilities.

Residence Address _____

Tel. No. _____ Fax No. _____ Cell. No. _____ E-mail Address _____

Name of Organization / Business _____

Present Position _____

Previous Position _____

Nature of Business _____

Office Address _____

Tel. No. _____ Fax No. _____ Cell. No. _____ E-mail Address _____

Mailing Address: () Residence Address () Office Address

Others (please specify) : _____

Educational Background

	Name of School	Degree / License (Year completed)
Elementary	_____	_____
High School	_____	_____
College / University	_____	_____
Post Graduate	_____	_____

Brief History of Business or Professional Career

Number of years in the Company _____ Annual Gross Income _____

Affiliations (social / civic / fraternal) _____

Character References

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

Personal References as to Financial Capacity

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

Bank References

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

Do you own the house where you are presently residing? () No () Yes

Are you renting? () No () Yes

No. of years _____

DEPENDENT'S DECLARATION FORM

Member: _____

2 x 2 picture

2 x 2 picture

signature

Spouse: _____

Birthdate: _____

2 x 2 picture

2 x 2 picture

signature

Dependent: _____

Birthdate: _____

2 x 2 picture

2 x 2 picture

signature

Dependent: _____

Birthdate: _____

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signature

Dependent: _____

Birthdate: _____

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