

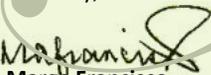
Welcome to The Rockwell Club!

It is our privilege to be of service to you and your family.

In order to facilitate your membership application process, please accomplish this form and submit the required documents to our Membership Relations Associate.

While we would like to hasten the process of your privileged access to the club, your documents will have to go through screening by the club's membership committee.

Meanwhile, I look forward to personally welcoming you and your family to The Rockwell Club!

Sincerely,

Marge Francisco
 Membership Manager

May we know how you found out about The Rockwell Club?

- Thru Leasing Office
- Thru a Broker
- Thru the Club's Communication materials
- Others, pls specify _____

Requirements for Membership Application:

- Copy of Marriage Contract and / or Children's Birth Certificate(s)*
- Copy of any valid ID of self and Qualified Dependent(s)*
- Submission of 2x2 photo of self and Qualified Dependent(s)*
- Copy of Deed of Sale/Contract of Lease of Proprietary Share/Condo Unit*
- Endorsement Letter from Share Owner / Unit Owner*
- Enrollment to Credit Card Auto-Debit Program*
- Endorsement Form for members*

Additional document(s) may be required in some situations.

Membership to the Club is a privilege and is not automatic. All applicants will be invited for an Interview / Orientation by the Membership Committee before their membership cards are released.

The Club may deny membership to anyone who has not completed the requirements or for other reasons deemed prejudicial to the interest of the Club and its general membership.

The Club Management or Membership Committee shall not be obligated to divulge nor explain the reasons for its decision.

PART I: PRINCIPAL MEMBER'S INFORMATION

MEMBERSHIP NO _____

MEMBERSHIP TYPE
 ___ Unit Owner _____ (Unit-Bldg) ___ Tenant _____ (Unit-Bldg)
 ___ Proprietary ___ Corporate Nominee of _____
 ___ Honorary Member

SALUTATION ___ Mr. ___ Ms. ___ Mrs. ___ Atty. ___ Dr. Others _____

NAME OF PRINCIPAL MEMBER

FIRST NAME _____
LAST NAME _____

SPECIMEN SIGNATURE _____

GENDER ___ Male ___ Female
CITIZENSHIP _____ **RELIGION** _____
CIVIL STATUS ___ Single ___ Married ___ Widow/er ___ Divorced
DATE OF BIRTH ___ Day ___ Month ___ Year
NATIONALITY _____

MAILING ADDRESS _____

RESIDENTIAL PHONE NO. () _____
MOBILE PHONE NO. () _____
E-MAIL ADDRESS _____

PROFESSION/POSITION _____
NAME OF COMPANY _____
COMPANY ADDRESS _____

TYPE OF BUSINESS _____
BUSINESS PHONE NO () _____
FAX NO () _____

BILLING & CORRESPONDENCE ADDRESS:
 ___ Residence ___ Business ___ E-mail

 Signature of Principal Member

(I hereby certify that the information I have given herein is true and correct and that I agree to abide and be bound by the Club's Rules and Regulations)

PART II: SPOUSE INFORMATION

Please submit a Certified True Copy of your Marriage Certificate

Please indicate if you wish to nominate your spouse as a

DEPENDENT ___ Yes ___ No

SALUTATION ___ Mr. ___ Ms. ___ Mrs. ___ Atty. ___ Dr. Others _____

NAME OF SPOUSE

FIRST NAME _____
LAST NAME _____

SPECIMEN SIGNATURE _____

NATIONALITY _____ **DATE OF BIRTH** ___ Day ___ Month ___ Year
MOBILE PHONE NO. () _____
E-MAIL ADDRESS _____

PART III: CHILDREN'S INFORMATION

Please submit a Certified True Copy of Birth Certificate of each qualified dependent who is 21 years old. & below.

CHILD DEPENDENT 1:

FIRST NAME _____
LAST NAME _____

SPECIMEN SIGNATURE _____

NATIONALITY _____ **DATE OF BIRTH** ___ Day ___ Month ___ Year
MOBILE PHONE NO. () _____
E-MAIL ADDRESS _____

CHILD DEPENDENT 2:

FIRST NAME _____
LAST NAME _____

SPECIMEN SIGNATURE _____

NATIONALITY _____ **DATE OF BIRTH** ___ Day ___ Month ___ Year
MOBILE PHONE NO. () _____
E-MAIL ADDRESS _____

CHILD DEPENDENT 3:

FIRST NAME _____
LAST NAME _____

SPECIMEN SIGNATURE _____

NATIONALITY _____ **DATE OF BIRTH** ___ Day ___ Month ___ Year
MOBILE PHONE NO. () _____
E-MAIL ADDRESS _____

***Please attach all relevant documents and photographs together with the completed original form and send it to:**

The Rockwell Club, Membership Department
 23 Amorsolo Drive, Rockwell Center Makati City
 Tel No.: (632) 8978310 loc 7444 Fax No (632) 8978372