# APPLICATION FOR MEMBERSHIP

*We wish to apply for membership in the Negros Oriental Chamber of Commerce and Industry, Inc.*

Registered Business Name: _____

Business Address: _____

Name of Applicant/ Representatives: (1)_____

& Designation (2)_____

Telephone No. (s) _____ Fax: _____

Website:_____ Email Address:_____

Nature of Business: ( ) Industry ( ) Trading ( ) Agriculture ( ) Services

( ) Others Specify _____

Number of Years in business:_____

Registered with:_____ Reg. No. _____

Capitalization: ( ) not more than P3,000,000 ( ) P3,000,001 – P15,000,000

( ) P15,000,001 – P100,000,000 ( ) more than P100,000,000

Classification: ( ) Single Proprietorship ( ) Partnership/ Corporation/ Foundation/Cooperative

( ) National/Multi National ( ) Domestic Subsidiary of Foreign Owned Company

( ) Subsidiary/Affiliate Company of Publicly Listed Holding Firms

( ) Publicly Listed

Bank References: _____

Number of Employees: (Office):_____ (Factory/Store):_____

Membership & Position in Other Organizations, if any:_____

_____

_____

SIGNATURE OVER PRINTED NAME

Date: _____

**FOR NOCCI USE ONLY**

DATE APPROVED BY BOARD OF DIRECTORS: _____

OFFICIAL RECEIPT NUMBER: _____

---------- *Please cut*----------

**REPLY FORM**

_____ YES, I am interested to join NOCCI. Please pick up application form & membership payment at _____ *(location)*

_____ Sorry I am not interested

*Please email to membership@nocci.biz or fax to 226- 1036 or deliver to NOCCI office. Thank you*

**Negros Oriental Chamber of Commerce and Industry**
c/o NOIPC Bldg., Capitol Area, Dumaguete City, Negros Oriental
Telefax: +63 (035) 226-1036 Tel. #: +63 (035) 422-0243