



150 E. Rodriguez Jr. Ave Libis Quezon City  
6370.650 www.club650.com club650libis@yahoo.com

**MEMBERSHIP FORM**

| MEMBERS PERSONAL INFORMATION |        |                |                       |             |                      |
|------------------------------|--------|----------------|-----------------------|-------------|----------------------|
| (PRINT) LAST NAME            |        | FIRST NAME     |                       | MIDDLE NAME |                      |
| NICKNAME                     |        |                |                       |             |                      |
| HEIGHT                       | WEIGHT | GENDER         | CIVIL STATUS          | DOB         | MM/ DD/ YY           |
| HOME ADDRESS                 |        | NO.            | CITY/ PROVINCE        |             | TEL. NO.<br>CEL. NO. |
| COMPANY NAME                 |        | POSITION       |                       |             | EMAIL ADDRESS        |
| BUSINESS ADDRESS             |        | NO.            | CITY/ PROVINCE        |             | TEL. NO.<br>CEL. NO. |
| SPOUSE'S NAME                |        | DOB MM/DD/YY   | COMPANY NAME          |             | POSITION             |
| NAME OF DEPENDENTS           |        | DOB MM/ DD/ YY | ADDRESS/ CONTACT NOS. |             |                      |
|                              |        |                |                       |             |                      |
|                              |        |                |                       |             |                      |

**MEMBERSHIP ASSESSMENT**

|  |                                      |  |                          |                                    |                            |
|--|--------------------------------------|--|--------------------------|------------------------------------|----------------------------|
| <input type="checkbox"/> Individual Membership                         | P 5,000                              | <input type="checkbox"/> Family Membership | P 10,000                 | <input type="checkbox"/> Badminton | P 3,000                    |
| <input type="checkbox"/> Upgraded Membership (Frequent Player Program) |                                      |  |                          |                                    |                            |
|  | Badminton                            | Basketball                                 | Futsal                   |                                    |                            |
| <input type="checkbox"/> Basic   | <input type="checkbox"/>             | <input type="checkbox"/>                   | <input type="checkbox"/> | _____                              |                            |
| <input type="checkbox"/> Standard                                      | <input type="checkbox"/>             | <input type="checkbox"/>                   | <input type="checkbox"/> | _____                              |                            |
| <input type="checkbox"/> Elite   | <input type="checkbox"/>             | <input type="checkbox"/>                   | <input type="checkbox"/> | _____                              |                            |
| <input type="checkbox"/> Premium                                       | <input type="checkbox"/>             | <input type="checkbox"/>                   | <input type="checkbox"/> | _____                              |                            |
| <input type="checkbox"/> Value Added Membership                        |                                      |  |                          |                                    |                            |
| <input type="checkbox"/> Red Corner Package                            |                                      |  |                          |                                    | P 500                      |
| <input type="checkbox"/> Adventure team building Package               |                                      |  |                          |                                    | _____                      |
| <b>Total Amont Due</b>   |                                      |  |                          |                                    |                            |
| Payment Mode   | <input type="checkbox"/> Cash        |  |                          |                                    |                            |
|  | <input type="checkbox"/> Check       | _____                                      |                          |                                    |                            |
|  | <input type="checkbox"/> Credit Card | _____                                      |                          |                                    |                            |
|  |                                      |  |                          |                                    | Signature _____ Date _____ |

**Member's Copy**

| MEMBERSHIP ASSESSMENT  |                                      |  |                          |                                    |                            |
|--|--------------------------------------|--|--------------------------|------------------------------------|----------------------------|
| <input type="checkbox"/> Individual Membership                         | P 5,000                              | <input type="checkbox"/> Family Membership | P 10,000                 | <input type="checkbox"/> Badminton | P 3,000                    |
| <input type="checkbox"/> Upgraded Membership (Frequent Player Program) |                                      |  |                          |                                    |                            |
|  | Badminton                            | Basketball                                 | Futsal                   |                                    |                            |
| <input type="checkbox"/> Basic   | <input type="checkbox"/>             | <input type="checkbox"/>                   | <input type="checkbox"/> | _____                              |                            |
| <input type="checkbox"/> Standard                                      | <input type="checkbox"/>             | <input type="checkbox"/>                   | <input type="checkbox"/> | _____                              |                            |
| <input type="checkbox"/> Elite   | <input type="checkbox"/>             | <input type="checkbox"/>                   | <input type="checkbox"/> | _____                              |                            |
| <input type="checkbox"/> Premium                                       | <input type="checkbox"/>             | <input type="checkbox"/>                   | <input type="checkbox"/> | _____                              |                            |
| <input type="checkbox"/> Value Added Membership                        |                                      |  |                          |                                    |                            |
| <input type="checkbox"/> Red Corner Package                            |                                      |  |                          |                                    | P 500                      |
| <input type="checkbox"/> Adventure Team Building                       |                                      |  |                          |                                    | _____                      |
| <b>Total Amont Due</b>   |                                      |  |                          |                                    |                            |
| Payment Mode   | <input type="checkbox"/> Cash        |  |                          |                                    |                            |
|  | <input type="checkbox"/> Check       | _____                                      |                          |                                    |                            |
|  | <input type="checkbox"/> Credit Card | _____                                      |                          |                                    |                            |
|  |                                      |  |                          |                                    | Signature _____ Date _____ |