

Application for Membership



DCCCII
DAVAO CITY CHAMBER
OF COMMERCE &
INDUSTRY, INC.

Davao City Chamber of Commerce and Industry Inc.
2F DCCCII Bldg. J.P. Laurel Avenue, Davao City, Philippines 8000
Tel. Nos. (+6382) 222-1402; 234-8707
E-Mail: info@davaochamber.com | Web: www.davaochamber.com

Available Requirement

Application Form Business Permit SEC Registration and Articles of Incorporation DTI Certification for Sole Proprietorship

Membership Information

Member Detail for Publishing

Company Name: Click or tap here to enter text.
Address (for publishing): Click or tap here to enter text.
Central Telephone: Click or tap here to enter text.
Central Fax: Click or tap here to enter text.
Central E-Mail: Click or tap here to enter text.
Web page: Click or tap here to enter text.

Please write a short promotional paragraph describing your company's activities (50-200 words) and send with your company logo in jpg format by e-mail to kathleendalig@davaochamber.com and cc: jaysondemegillo@davaochamber.com, kiafelipe@davaochamber.com, annagingco@davaochamber.com, bryanrivera@davaochamber.com and paulatolentino@davaochamber.com.

Membership Information / for invoicing – only for internal use:

Company Name (for invoicing): Click or tap here to enter text.
Address (for invoicing): Click or tap here to enter text.
Business Style: Click or tap here to enter text.
Taxpayer Identification Number (TIN): Click or tap here to enter text.

Industry Group: Please check the **main** industry classification which apply to your company. You may list only **1**.

- | | |
|---|---|
| <input type="checkbox"/> Airlines | <input type="checkbox"/> Architecture |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Consultancy |
| <input type="checkbox"/> Consumer Goods | <input type="checkbox"/> Educational Services |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Engineering / Construction |
| <input type="checkbox"/> Event Management | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Food Products, Beverages and Tobacco | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Health Care & Pharmaceuticals | <input type="checkbox"/> Hotels and Restaurants |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Language Services | <input type="checkbox"/> Law companies |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Marketing and Public Relations |
| <input type="checkbox"/> Media – Broadcast and Publishing | <input type="checkbox"/> Private Equity |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Security Services |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Transporting, Moving and Warehousing |
| <input type="checkbox"/> Travel and Leisure | <input type="checkbox"/> Wholesale and Retail Trade |
| Other Click or tap here to enter text. | |

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Type of Membership

Please mark the membership category applied for:

Regular membership category:

Corporate Individual Affiliate Associate

Special membership categories:

Representatives

Corporate Individual Affiliate Associate

Each representative will be published as a contact person from the company in our Membership Directory and placed on our mailing list. E-mail addresses and direct phone numbers are only for internal use of DCCCII.

Official Representative

Mr.

Ms.

Name and Surname: Click or tap here to enter text.

Company Position: Click or tap here to enter text.

E-Mail: Click or tap here to enter text.

Direct Phone (or Cell Phone): Click or tap here to enter text.

Alternate Representative

Mr.

Ms.

Name and Surname: Click or tap here to enter text.

Company Position: Click or tap here to enter text.

E-Mail: Click or tap here to enter text.

Direct Phone (or Cell Phone): Click or tap here to enter text.

Payment Information

Membership dues are pro-rated based on the date of acceptance into the Chamber. Please wait to be invoiced before paying membership dues.

Please return this application by E-Mail to:

maandoromal@davaochamber.com and cc:

jaysondemegillo@davaochamber.com,

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kateryndianon@davaochamber.com,
Allyzabalois@davaochamber.com,

Approval for data processing:

By signing below, we hereby authorize the Chamber or its employees or agents to verify the truthfulness of the said information and shall hold the Chamber, its Officers and Board members free from any liability in relation thereto. We understand that any misrepresentation in our Application is our responsibility and is sufficient ground for the disapproval of our application for membership or for subsequent expulsion from the Chamber.

Date: Click or tap to enter a date.

Official Representative Name:

Signature: _____

Click or tap here to enter text.

Alternative Representative Name:

Signature: _____

Click or tap here to enter text.

Date (Application Form Received):

Click or tap to enter a date.

Date (Initial Requirements Received):

Click or tap to enter a date.

Date (Requirements Completed):

Click or tap to enter a date.

Date (Forwarded to Membership Chairperson):

Click or tap to enter a date.

Date (Membership Chairperson Approval):

Click or tap to enter a date.

Date (Board of Trustees Approval):

Click or tap to enter a date.

Date (Induction):

Click or tap to enter a date.

Date (Information to Chamber Directory):

Click or tap to enter a date.

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Main Products/Services:

Click or tap here to enter text.

Interview Questionnaire

Date incorporated/formed:

Click or tap to enter a date.

Where Incorporated/Formed:

Click or tap here to enter text.

No. of staff/employees, (contractual/permanent):

Click or tap here to enter text.

Years in Operation? If Branch, years in Davao?

Click or tap here to enter text.

Status of the Company:

- a. Capital: Click or tap here to enter text.
- b. Gross Sales: Click or tap here to enter text.
- c. Total Assets: Click or tap here to enter text.

What do you know about the Chamber?

Click or tap here to enter text.

From where/whom did you know of the Chamber?

Click or tap here to enter text.

What service do you expect from the Chamber?

Click or tap here to enter text.

Are you familiar of the Activities of the chamber?

Click or tap here to enter text.

Have you attended any Chamber function? If yes, when was the last time you have attended?

Click or tap here to enter text.

In what way do you expect the Chamber to help you specifically?

Click or tap here to enter text.