

APPLICATION FOR MEMBERSHIP



DCCCII

Davao City Chamber
of Commerce & Industry, Inc.

2F DCCCII Bldg. J.P. Laurel Avenue, Davao City,
Philippines 8000
Tel. Nos. (+6382) 222-1402; 234-8707

To apply for membership please complete all questions.

✉ info@davaochamber.com 🌐 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 :

Address (for publishing) :

Central Telephone :

Central Fax :

Central E-Mail :

Web page :

Please write a short promotional paragraph describing your company's activities (50-200 words) and send it with your company logo in jpg format by e-mail to membershipandtraining@davaochamber.com and cc: info@davaochamber.com, advoc.agribusiness@davaochamber.com, and maandoromal@davaochamber.com.

Membership Information / for invoicing (only for internal use)

Company Name (for invoicing) :

Address (for invoicing) :

Business Style :

Taxpayer Identification Number (TIN) :

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

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Type of Membership

** Please mark the membership category applied for.*

Regular Membership Category

Corporate Individual Affiliate Associate

Special Membership Category

Corporate Individual Affiliate Associate

Representatives

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 :

Company Position :

E-Mail :

Direct Phone (or Cell Phone) :

Alternate Representative

MR. MS.

Name and Surname :

Company Position :

E-Mail :

Direct Phone (or Cell Phone) :

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:

membershipandtraining@davaochamber.com and cc: info@davaochamber.com,
advoc.agribusiness@davaochamber.com, and maandoromal@davaochamber.com.

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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 :

Official Representative Name:

Signature:

Alternative Representative Name:

Signature:

Date (Application Form Received)	:	_____
Date (Initial Requirements Received)	:	_____
Date (Requirements Completed)	:	_____
Date (Forwarded to Membership Chairperson)	:	_____
Date (Membership Chairperson Approval)	:	_____
Date (Board of Trustees Approval)	:	_____
Date (Induction)	:	_____
Date (Information to Chamber Directory)	:	_____

APPLICATION FOR MEMBERSHIP



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Interview Questionnaire

Main Products/Services	:	<input type="text"/>
Date incorporated/formed	:	<input type="text"/>
Where Incorporated/Formed	:	<input type="text"/>
No. of staff/employees, (contractual/permanent)	:	<input type="text"/>
Years in Operation? If Branch, years in Davao?	:	<input type="text"/>

Status of the Company

A. Capital	:	<input type="text"/>
B. Gross Sales	:	<input type="text"/>
C. Total Assets	:	<input type="text"/>

What do you know about the Chamber?

From where/whom did you know of the Chamber?

What service do you expect from the Chamber?

Are you familiar of the Activities of the chamber?

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

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