



APPLICATION FOR REGULAR MEMBERSHIP

Membership Rate : Php 1,500

Date of application: _____ NEW RENEWAL

NAME: _____

MAILING ADDRESS: _____

TEL NO. _____ MOBILE NO. _____

E-MAIL ADDRESS: _____ FAX: _____

DATE OF BIRTH: _____

AFFILIATIONS: _____

INTERESTS: _____

Please indicate the name you want printed on your MFPI Membership Card:

Fill out and email this form, along with a scanned 2 x 2 inch ID photo and proof of payment to **inquiry@museumfoundationph.org**

You can deposit in cash or check to **UnionBank Account# 00-246-000854-0**

Please make check payable to **Museum Foundation of the Philippines, Inc.**

(For MFPI Admin only)

Method of Payment

Cash Check Bank Deposit O.R. Number _____



*Rm. 1222, 12th Floor Times Plaza Building,
United Nations Avenue, Ermita, Manila 1000*

Telephone#: 8-790.4075 Mobile +639177077353 | +6 9177063773

Email: inquiry@museumfoundationph.org
www.museumfoundationph.org
www.facebook.com/MuseumFoundationPH

PROXY

KNOW ALL MEN BY THESE PRESENTS:

_____, the undersigned member of the Museum Foundation of the Philippines, Inc. ("MFPI"), do hereby nominate, constitute and appoint

_____ as my proxy to represent me at all meetings of MFPI and at all adjournments and postponement thereof, fully and for all intents and purposes as if I was present and acting in person.

This proxy shall continue to be valid and effective unless otherwise revoked by me or by my actual presence at any meeting.

IN WITNESS WHEREOF, the undersigned member has executed this proxy on this ____ day of _____, _____.

SIGNATURE OVER PRINTED NAME