

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 in	ndicate the	name you want pr	inted on your MFF	PI Membership Card:	
Fill out and ema		to inquiry@museu You can deposit i UnionBank Accoun	mfoundationph.or n cash or check to t# 00-246-000854 neck payable to	0	
(For MFPI Admin only) Method of Payment					
□Cash	\square Check	☐ Bank Deposit	-	mber	



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 thisday of,
SIGNATURE OVER PRINTED NAME