



**Note: Please use block letters, write "N/A" to information not applicable and place a checkmark to applicable box. Further, the Club requires that all applicable fields must be completed in their entirety to be considered for membership.**

### PERSONAL INFORMATION

Family Name:  First Name:  Maternal Surname:   
 Nickname:  Gender:  Male  Female  Citizenship:

**BIRTH INFORMATION** City:  Province:

Country:  Date (mo/day/yr):

Country Immigrated (if applicable):  Year of Immigration:

Civil Status:  Single  Married  Legally Separated  Widow/Widower

### PARENTS

Father:     

Last Name
First Name
Maternal Surname

Mother:     

Last Name
First Name
Maternal Surname

### SPOUSE'S INFORMATION

Last Name:  First Name:  Maternal Surname:

Last Name used Prior to Marriage:  Date of Marriage (mo/day/year):

**BIRTH INFORMATION** City:  Province:

Country:  Date (mo/day/yr):

Country Immigrated (if applicable):  Year of Immigration:

Sports Interests/Hobbies/Socio Civic Activities:

### CHILDREN'S INFORMATION

Last Name	Maternal Surname	First Name	Date of Birth (mo/day/yr)	Civil Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Note: You may continue on additional sheets if necessary.*

### CAREER RELATED ACTIVITIES

1.    

Position
Name of Company/Organization
   

Nature of Business
Tenure of Employment
2.    

Position
Name of Company/Organization
   

Nature of Business
Tenure of Employment

*Note: Use additional sheets, if necessary.*

3.  If self employed, please indicate business or profession.

Position	Name of Business	Nature of Business
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**EDUCATIONAL ATTAINMENT**

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Earned Degree	School	City/Country	Year Graduated

2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Earned Degree	School	City/Country	Year Graduated

**SUPPLEMENTAL INFORMATION**

**SOCIO-CIVIC ACTIVITIES**

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Role	Organization	Location	Year

2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Role	Organization	Location	Year

**MILITARY RECORD (Active Duty Only)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Highest Rank	Military Organization/Branch	Location	Year

**HONORARY DEGREES**

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Degree Bestowed	Organization	City/Country	Year

2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Degree Bestowed	Organization	City/Country	Year

**PROFESSIONAL CERTIFICATION:**

**AWARDS/HONORS/GRANTS**

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Award/Honor/Grant	Awarding/Honoring/Granting Body	Location	Year

2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Award/Honor/Grant	Awarding/Honoring/Granting Body	Location	Year

**CURRENT PROFESSIONAL AND CLUB MEMBERSHIPS**

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Role	Club/Organization	From (year)	To (year)

2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Role	Club/Organization	From (year)	To (year)

3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Role	Club/Organization	From (year)	To (year)

**AFFILIATIONS (optional)**

Religious Denomination:  Political Party:

**AVOCATIONS (Please list up to five (5) hobbies and/or recreational activities.)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**PSYCHOLOGICAL FITNESS/CAPACITY (Please state details, if any, of treatment and/or confinement for Psychological and/or Psychiatric problems. State NONE if inapplicable.)**

<input type="text"/>
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**BANK AND CREDIT REFERENCES**

Bank:		Credit Card:		Credit Limit:	
Bank:		Credit Card:		Credit Limit:	
Bank:		Credit Card:		Credit Limit:	

a) Have you ever had a cancelled credit facility? No  Yes

Reason:

b) Pending civil or criminal case/s against you in the Philippines or abroad. No  Yes

Reason:

c) Past criminal conviction in the Philippines or abroad. No  Yes

Reason:

d) Records of disciplinary action from other Clubs. No  Yes

Reason:

**ADDRESS and CONTACT NUMBERS**

Residence Address:

Street Address City

Province/Region Country Postal Code

Phone Number/s:  Fax Number/s:  Email Address:

Business Address:

Company/Organization Street Address

City Province/Region Country Postal Code

Phone Number/s:  Fax Number/s:  Email Address:

Preferred Mailing Address: Residence  Business

I believe I will be an asset to the Club and hope to contribute through the following:

Participation in Sports Competition

Committee Memberships

Special Event Sponsorship

Others

I have applied for BCC Membership before. Yes  No  When?

I certify that all the information given are true and correct of my own knowledge and information and that any material falsehood or inaccuracy shall be basis for the rejection of my application for membership as well as its revocation or recall if already granted. I likewise authorize the BCC expressly to seek verification on any matter related to my disclosure or non-disclosure above to enable it to assess the merits of this application.

I undertake to respect and abide by the BCC Rules and Regulations and all future amendments thereto which, the BCC may from time to time amend.

Signature of the Applicant  Date

## DATA PRIVACY CONSENT

By providing us with your personal information including without limitation those provided in the membership application, forms such as (registration card, reservation, events, golf, booking forms, live chat, newsletter), member's information sheets, member's data records, emails, social media correspondence through private or public messages, and/or any further updates provided to us by you or provided by you to any of our representatives in an official capacity in relation to your personal data, you hereby give full consent to Baguio Country Club ("BCC") to collect, record, organize, store, update, use, consolidate, block, erase or otherwise process information, whether personal, sensitive or privileged, pertaining to myself and the transactions subject hereof which will be used for the purpose of providing you with relevant product, service, facility, and promotional information, appropriate and/or improved products, facilities & services, or other purposes referred to the BCC Data Protection Manual.

By providing your Personal Information or by buying/availing of our products, facilities and services, you confirm your agreement to the terms and conditions contained in this Privacy Policy. Your rights under this Private Policy will be upheld when invoked by your lawful heirs or assigns.

\_\_\_\_\_

**Name in Print**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date Signed**

## NOMINATION FORMS OF CANDIDATE

THE MEMBERSHIP COMMITTEE  
Baguio Country Club Corporation  
Country Club Road  
2600 Baguio City

Gentlemen:

This is to express our desire to nominate \_\_\_\_\_ as candidate for membership.

### TO BE COMPLETED BY THE PROPOSER

- How many years have you known the candidate? \_\_\_\_\_
- Does your knowledge of the Candidate arise from:

Personal Friendship

Professional Relations

Business Relations

\_\_\_\_\_  
\_\_\_\_\_

- If you know of five (5) Club Members who is known personally to the candidate and who may support the application.

Names

Membership Number


- Please give additional information to enable the Committee and the Board of Directors to judge whether the candidate would be a fit and financially responsible member.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The profession, business and/or industry where the applicant/nominee may be known and/or exposed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY THE SECONDER**

1. How many years have you known the candidate? \_\_\_\_\_

2. Does your knowledge of the Candidate arise from:

Personal Friendship

Professional Relations

Business Relations

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3. If you know of five (5) Club Members who is known personally to the candidate and who may support the application.

Names

Membership Number

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4. Please give additional information to enable the Committee and the Board of Directors to judge whether the candidate would be a fit and financially responsible member.

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5. The profession, business and/or industry where the applicant/nominee may be known and/or exposed.

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**WE HEREBY CERTIFY THAT THE ABOVE APPLICANT IS KNOWN TO US AND THAT WE CONSIDER HIM/HER, IN EVERYWAY, A DESIRABLE MEMBER OF THE BAGUIO COUNTRY CLUB CORPORATION.**

Proposer's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Membership Number: \_\_\_\_\_

No. of Years of Membership in BCC: \_\_\_\_\_

Date Proposed: \_\_\_\_\_

Secunder's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Membership Number: \_\_\_\_\_

No. of Years of Membership in BCC: \_\_\_\_\_

Date Proposed: \_\_\_\_\_