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APPLICATION FOR REGULAR MEMBERSHIP

Date: _____

TO: PCTA Board of Directors

We, _____
hereby submit this Application for REGULAR MEMBERSHIP with the Philippine Cable Television Association, Inc.

We signify our agreement and conformity with the Articles of Incorporation and By-Laws of the Association.



Name of Company : _____
Telephone Number : _____
Fax Number : _____
E-mail : _____
Address : _____
Products or Service(s) Carried : _____
Authorized Representative : _____
Title/Position : _____
Alternate Representative : _____
Title/Position : _____
Date Registered : _____

Please Check Appropriate classification of your business:

- Single Proprietorship
- Partnership
- Corporation

Where Registered: _____

NOTE :

For faster processing, you may send the application form thru fax number (02) 638-8542, together with the proof of payment of the membership fee made thru a bank deposit to the PCTA account at **BANCO DE ORO, Savings Account number 4640030064**. As soon as we receive your original application form and requirements, you will be notified immediately of the status of your application either by phone or email.

CAPITAL STOCK	AUTHORIZED	SUBSCRIBED	PAID-UP
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Board of Directors:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Officers:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Company

Name of Authorized Representative

Designation/Position