

# Member's Profile



BEACH & COUNTRY CLUB

## Important Conditions

I understand that the Club has the sole right to accept or reject my application. If accepted, I agree to pay the membership dues and all other charges or assessments incident to my membership as well as the use of the Club's facilities.

Member's Name:

I am aware that this application is non-transferable. Any transfer shall be cause for cancellation of this application and forfeiture of any payments made.

I hereby certify that the information which I have submitted or provided to the Club is true and correct. The Club reserves the right to require the presentation of additional documents deemed necessary.

I acknowledge that any infraction of the Club's Rules and Regulations may result in the suspension of my membership privileges and/or the sale of my club share at a public auction to satisfy my obligations to the Club.

I have read and understood the foregoing conditions and hereby agree to abide by the Club's Rules and Regulations.

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
SPOUSE'S SIGNATURE (if applicable)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

*Please fill up the above details and send your completed form to:*

**MEMBERSHIP OFFICE**  
10th Floor, One E-com Center, Mall of Asia Complex  
Pasay City 1300, Philippines  
Telephone: 857-0100 local 1232  
E-mail: membership@picodeloroclub.com

# Type of Membership

Individual No. \_\_\_\_\_
  Corporate No. \_\_\_\_\_
  Nominee 1  Nominee 2
  Resident No. \_\_\_\_\_

## Member/Nominee Information *(please fill in legibly, in capitals)*

### MEMBER

Last Name		First Name		
Middle Name		Nickname		
Gender	Birthdate (MM/DD/YYYY)	Civil Status	Wedding Date if applicable (MM/DD/YYYY)	Religion
Residential Address (Number, Street, Village/Barangay, Town, City, Province, Country)				
Residential Telephone Number (Country Code, Area Code, Number)		Mobile Number (Country Code, Mobile Code, Number)		
Personal E-mail Address		Alternative E-mail Address		
Occupation		Business Name		
Business Address (Number, Building, Street, Village/Barangay, Town, City, Province, Country)				
Business Telephone Number (Country Code, Area Code, Number)		Alternative Mobile Number (Country Code, Mobile Code, Number)		
Business E-mail Address		Alternative E-mail Address		

### SPOUSE

Last Name		First Name		
Middle Name		Nickname		
Gender	Birthdate (MM/DD/YYYY)	Civil Status	Wedding Date if applicable (MM/DD/YYYY)	Religion
Residential Address (Number, Street, Village/Barangay, Town, City, Province, Country) <input type="checkbox"/> Please check here if same as Primary Member				
Residential Telephone Number (Country Code, Area Code, Number)		Mobile Number (Country Code, Mobile Code, Number)		
Personal E-mail Address		Alternative E-mail Address		
Occupation		Business Name		
Business Address (Number, Building, Street, Village/Barangay, Town, City, Province, Country)				
Business Telephone Number (Country Code, Area Code, Number)		Alternative Mobile Number (Country Code, Mobile Code, Number)		
Business E-mail Address		Alternative E-mail Address		

**DEPENDENT 1**

Last Name			First Name		
Middle Name			Nickname		
Gender	Birthdate (MM/DD/YYYY)	Civil Status	Religion		
Mobile Number (Country Code, Mobile Code, Number)			School (if applicable )		
Personal E-mail Address			Alternative E-mail Address		

**DEPENDENT 2**

Last Name			First Name		
Middle Name			Nickname		
Gender	Birthdate (MM/DD/YYYY)	Civil Status	Religion		
Mobile Number (Country Code, Mobile Code, Number)			School (if applicable )		
Personal E-mail Address			Alternative E-mail Address		

**DEPENDENT 3**

Last Name			First Name		
Middle Name			Nickname		
Gender	Birthdate (MM/DD/YYYY)	Civil Status	Religion		
Mobile Number (Country Code, Mobile Code, Number)			School (if applicable )		
Personal E-mail Address			Alternative E-mail Address		

**DEPENDENT 4**

Last Name			First Name		
Middle Name			Nickname		
Gender	Birthdate (MM/DD/YYYY)	Civil Status	Religion		
Mobile Number (Country Code, Mobile Code, Number)			School (if applicable )		
Personal E-mail Address			Alternative E-mail Address		

*\*\*Should you have more than 4 dependents, kindly include a separate sheet detailing the same information. Thank You.*

## Preferred Mailing Address *(please check all that apply)*

### FOR STATEMENT OF ACCOUNT

- Home, Primary Member  
 Home, Spouse  
 Business, Primary Member  
 Business, Spouse

### FOR NEWSLETTER

- Home, Primary Member  
 Home, Spouse  
 Business, Primary Member  
 Business, Spouse

### FOR CORRESPONDENCE

- Home, Primary Member  
 Home, Spouse  
 Business, Primary Member  
 Business, Spouse

### FOR E-MAIL CORRESPONDENCE

- Home, Primary Member  
 Home, Spouse  
 Business, Primary Member  
 Business, Spouse  
 Dependent/s

## Other Personal Information

We'd like to know more about you and your family to serve you better at the Club. We appreciate your taking the time to fill-in this questionnaire. *(Please check the appropriate box)*

### HOW OFTEN DO YOU BROWSE THE INTERNET?

	Daily	Weekly	Monthly	Not very often
PRIMARY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### HOW OFTEN DO YOU CHECK YOUR E-MAIL?

	Daily	Weekly	Monthly	Not very often
PRIMARY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### HOW OFTEN DO YOU TRAVEL WITHIN THE PHILIPPINES?

	Weekly	Monthly	Annually	Not very often
PRIMARY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### HOW OFTEN DO YOU TRAVEL OUTSIDE OF THE PHILIPPINES?

	Weekly	Monthly	Annually	Not very often
PRIMARY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### HOW OFTEN DO YOU PLAN TO VISIT PICO DE LORO BEACH & COUNTRY CLUB?

	Daily	Weekly	Monthly	Not very often
PRIMARY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### REMARKS IF ANY:

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### IF YOU ARE ALREADY A MEMBER OF OTHER CLUBS, KINDLY ENLIST NAME OF CLUB, LOCATION, AND NUMBER OF YEARS AS A MEMBER

Club	Location	No. of Years

# Members and Dependents Personal Interests

Please indicate "A" for Active, and "I" for Interested

## SPORTS & RECREATION

	PRIMARY MEMBER	SPOUSE	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Aerobics and other Fitness						
Badminton, Tennis, Squash, Table Tennis and other Racquet Sports						
Basketball						
Bowling						
Camping, Hiking, and other outdoor recreation						
Biking, Motorcycling						
Golf						
Football (Soccer, Beach Football, Futsal)						
Martial Arts						
Rock Climbing						
Roller Blading and/or Roller Skating						
Scuba Diving and/or Snorkelling						
Skateboarding						
Triathlon						
Volleyball (Indoor or Beach)						
Swimming, Water Polo, Underwater Hockey						
Wakeboarding and/or Kiteboarding						
Weight Training						
Others: <i>(Please Indicate)</i>						

## ARTS & ENTERTAINMENT

	PRIMARY MEMBER	SPOUSE	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Culinary Arts						
Dance						
Film & Photography						
Gardening & Floral Arrangements						
Handicrafts						
Literature						
Music & Instruments						
Theater Arts						
Visual Arts						
Others: <i>(Please Indicate)</i>						

## MUSIC PREFERENCES

	PRIMARY MEMBER	SPOUSE	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Rock						
Pop						

Disco						
Jazz						
Hip Hop / Rap / R&B						
Techno / Trance						
Blues / Soul						
Folk						
Classical						
Latin						
Ballroom						
World Music						
50's Rock n' Roll						
Others: <i>(Please Indicate)</i>						

**CULINARY PREFERENCES**

	PRIMARY MEMBER	SPOUSE	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Filipino						
Chinese						
Japanese						
Thai						
Other Asian						
French						
Italian						
Spanish						
Other European						
American						
Vegetarian						
Sugar-Free, Gluten-Free						
Low-Fat, Low-Carb, Low-Calorie						
Others: <i>(Please Indicate)</i>						

**HEALTH & WELLNESS**

	PRIMARY MEMBER	SPOUSE	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Alternative Medicine/Homeopathic						
Cleansing						
Pilates						
Spa Treatments						
Specialty Diets						
Work-Life Balance						
Yoga						
Others: <i>(Please Indicate)</i>						