



Philippine Foundation for *BREAST* Care, Incorporated

(Breast care, Resource, Empowerment, Advocacy, Support, and Treatment)

G/F OPD Bldg. BCC-EAMC, East Avenue, Quezon City, Philippines 1101

Tel No: (0632)-9280611 loc. 578 Email: pfbc_i_bcc@yahoo.com

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**INDIVIDUAL & CORPORATE MEMBERSHIP
APPLICATION / RENEWAL FORM**

New Renewing

Membership No: --
(for renewing member)

Surname First name Middle name

For Corporate Membership: (Name of Corporation)

 Type of Industry:

For Individual Membership:

Age: Sex: Male Female Date of Birth: --

Status: Single Married Separated Divorce Widow Others: _____

Address:

Country: Zip code: Contact #: -
Mobile #: -
Fax #: -

Email option 1: Email option 2:

Occupation: *(For Individual Membership)*

- Accounting Finance
- Research and Development
- Computer-related
- Sales / Marketing / Advertising
- Education / Training
- Self-employed / owner
- Engineering
- Student
- Government / Military
- Others: _____
- Health
- MD Nurse Caregiver Others: _____

Membership in other organization/s:

<u>Organization / Foundation</u>	<u>Position</u>
1.	
2.	
3.	

Membership options and dues:

Volunteer (No annual dues but will commit time, experience, and expertise without stipend / compensation):

Please check two committees that you are interested to work with and indicate whether it is your **"1"** – first choice & **"2"** – second choice in the line provided:

- Committee on Breast Clinics, Registry, & Patients' Support ____
- Committee on Resource Development, Networks & Partnerships, Advocacy & Empowerment ____
- Committee on Legal Affairs, Licenses & Accreditations ____
- Committee on Volunteer Services, Memberships, & Chapters ____
- Committee on Fund Management ____

For Individual Membership:

- Regular (Php 1,500 or US\$ 50.00)
- Patron: (Php 3,500 or US\$ 100.00)
- Distinguished (Php 7,500 or US\$ 200.00)

For Corporate Membership:

- Bronze (Php 10,000.00 or US\$ 1,000.00)
- Silver (Php 25,000.00 or US\$ 3,000.00)
- Gold (Php 50,000.00 or US\$ 7,000.00)
- Corporate Partner
> Php 50,000.00 or > US\$ 7,000.00

Optional: Join the pool of donors for the "Extend One's Quality of Life - Adopt a Chemotherapy Program"

- Yes, include my name / corporation and send me details
- No, do not include my name / corporation

Please make checks payable to: **Philippine Foundation for Breast Care, Incorporated**
G/F OPD Bldg. BCC-EAMC, East Avenue, Quezon City, Philippines 1101

You may also deposit your membership fee to: **Allied Bank (Matalino Branch Q.C.)**
Peso Account #: 1901-01384-7
Dollar Account #: 1902-00335-1

For further information, please call at (0632)-9280611 local 578, Fax at (0632)-5631480, or email at pfbc_bcc@yahoo.com

Print name & Signature

Date