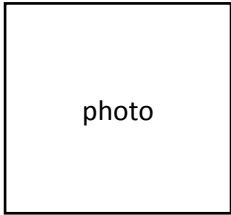




Unit 602 Cityland Pasong Tamo Tower, 2210 Chino Roces Avenue, Makati City  
Contact number: 403-778 Email address: [upmginc@gmail.com](mailto:upmginc@gmail.com) / [crb.secretariat@gmail.com](mailto:crb.secretariat@gmail.com)

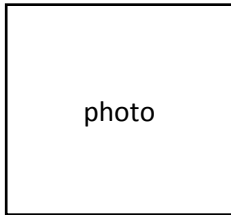
### MEMBERSHIP DATA FORM

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



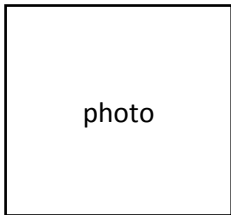
#### REGULAR Representative

Name of Representative : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Name of Publication : \_\_\_\_\_  
 Office Address : \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address : \_\_\_\_\_ Fax No.: \_\_\_\_\_



#### ALTERNATE Representative

Name of Representative : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Name of Publication : \_\_\_\_\_  
 Office Address : \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address : \_\_\_\_\_ Fax No.: \_\_\_\_\_



#### CRB Representative

Name of Representative : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Name of Publication : \_\_\_\_\_  
 Office Address : \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address : \_\_\_\_\_ Fax No.: \_\_\_\_\_

Submitted by:

Confirmed by duly authorized officer:

\_\_\_\_\_  
*Name/Designation of regular representative*

\_\_\_\_\_  
*Name/Designation*

Approved and Accepted by:

\_\_\_\_\_  
*UPMG President*