



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

MEMBERSHIP DATA / APPLICATION FORM

Date: _____

Name of Publication : _____
 Publisher : _____
 Office Address : _____
 Telephone : _____ Mobile No.: _____
 Email Address/Website : _____ Fax No.: _____
 Ownership : () Single Proprietor () Partnership () Corporation
 Format : () Broadsheet () Tabloid () Magazine () Digital
 Printing press : () Owned () Sub-constructed

NAME OF OFFICERS

POSITION

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Official representative : _____
 Designation : _____

Alternate representative : _____
 Designation : _____

CRB representative : _____
 Designation : _____

Confirmed by duly authorized officer:

Approved and accepted by:

Name/Designation

UPMG President

SUBMIT THE FOLLOWING REQUIREMENTS:

1. Application Form / attached Officer's personal Data
2. Letter of Intent
3. Business Permit
4. DTI Registration (sole proprietor or partnership)
5. SEC Registration with Articles of Incorporation and By-Laws (if corporation)
6. Audited Financial Statement
7. Application Fee: Php5,000.00 (upon submission of requirements)
8. Annual Membership Fee: Php8,000.00