



# Federation of Therapeutic Communities in Asia

## MEMBERSHIP FORM

Membership is open to all organizations, institutions and individuals whose aims and activities are directly connected with the FTCA objectives. Application for membership is made in writing and must be endorsed by two Ordinary Members. Each membership application shall be subject to the approval of the Executive Council by simple majority and ratified by the General Assembly.

### MEMBERSHIP CATEGORY

TYPE	DESCRIPTION	AMOUNT
<input type="checkbox"/> ORDINARY MEMBER	ORGANIZATIONS or PERSONS who pay the membership dues. They may participate in the General Assembly and have voting rights. Only the authorized representative of an organizational Ordinary member is eligible for election to the Executive Council or any other office.	\$200
<input type="checkbox"/> ASSOCIATE MEMBER	ORGANIZATIONS or INDIVIDUALS who pay the membership dues. They may participate in the General Assembly, but are not entitled to vote, neither are they eligible for election to any office.	\$100

Note: Membership Fees covers two years.

### CONTACT INFORMATION

NAME OF ORGANIZATION / INDIVIDUAL \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX NO \_\_\_\_\_

PRESIDENT / EXECUTIVE DIRECTOR \_\_\_\_\_

TYPE OF PROGRAM:  Residential  Hospital  Other \_\_\_\_\_

NO. OF FACILITIES \_\_\_\_\_ CURRENT NO. OF CLIENTS \_\_\_\_\_ NO. OF STAFF \_\_\_\_\_

SPONSORING AGENCY \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

### PAYMENT INFORMATION

Membership Dues can be paid via MONEY BANK TRANSFER. Please add cost of bank charges incurred by the transfer. Please include the organization name and the year for which the fee is being paid below.

MEMBERSHIP TERM: FROM (month) \_\_\_\_\_ (year) \_\_\_\_\_ TO (month) \_\_\_\_\_ (year) \_\_\_\_\_

Bank Name: **BANK OF THE PHILIPPINE ISLANDS (BPI)**

Address: Unit 9 & 13 MSA Prime Center, Prime St., Madrigal Business Park 2, Barangay Ayala Alabang, 1770 Muntinlupa City

Account Name: Jocelyn Alice G. Infante

Account Number: 3824-0042-09

Swift Code: BOPIPHMM

Please email this accomplished form together with the deposit slip to: [federationtccasia@gmail.com](mailto:federationtccasia@gmail.com)

### INTERIM SECRETARIAT