

**CEAP ANNUAL MEMBERSHIP FEE ASSESSMENT FORM**

*For College and Graduate School Level*

School Year : \_\_\_\_\_

SCHOOL : \_\_\_\_\_ REGION : \_\_\_\_\_  
 ADDRESS : \_\_\_\_\_ ZIPCODE : \_\_\_\_\_

**I. Annual Membership Fee Computation for HIGHER EDUCATION:**

Membership Fee	=	Previous SY Tuition per Unit	x 3 units x 1% x	Previous SY Enrolment	=	Amount Due
<b>[A] COLLEGE</b>						
Degree	=	_____	x 3 units x 1% x	_____	=	_____ -
Non-Degree	=	_____	x 3 units x 1% x	_____	=	_____ -
				Sub-Total	=	_____ -
				Ceiling **	=	<u>33,000.00</u>

**[B] GRADUATE SCHOOL**

Masteral	=	_____	x 3 units x 1% x	_____	=	_____ -
Doctoral	=	_____	x 3 units x 1% x	_____	=	_____ -
				Sub-Total	=	_____ -
				Ceiling **	=	<u>33,000.00</u>
				<b>Total</b>	=	<u>_____ -</u>

**II. SUBSCRIPTION FOR SCHOOL HEAD'S OFFICE**

(If subscriptions for other offices are needed, please accomplish the attached form)

[A] CEAP Bulletin (Ps 150.00/year, including mailing) \_\_\_\_\_

[B] CEAP Directory (Ps 250.00/year, including mailing) \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_

\*\* If the department has varying tuition rate per unit, among the courses offered, please use the tuition rate paid by the majority of the students as basis for computation of membership fee.

\*\* If the computed membership fee per level is higher than the ceiling set for that level, please pay only the ceiling amount.

**Mode of Payment:**

( ) Check No : \_\_\_\_\_ P \_\_\_\_\_  
 ( ) P.M.O. No : \_\_\_\_\_ P \_\_\_\_\_  
 ( ) Cash : \_\_\_\_\_ P \_\_\_\_\_

Submitted by :

\_\_\_\_\_  
 Signature over Printed Name  
 \_\_\_\_\_  
 Designation  
 \_\_\_\_\_  
 Date