

# MEMBERSHIP APPLICATION FORM

# ALLIED

Name of Company	
Address	
Telephone No(s)	Fax No.
E-mail Address	Website
Validity	
Total No. of Employees:	
Branches (if any)	
Representatives (Owner or designated GM who will attend HRAP functions /meetings, etc, per by-laws	Designation
Official	
Alternate	

Date Founded	
I certify to the correctness of the above information and I agree to remit the amount for Admission Fee, Annual Dues as per requirement of HRAP.	
<p>_____</p> <p>PRINTED NAME &amp; SIGNATURE</p>	<p>_____</p> <p>DESIGNATION</p>

REFERENCES (known member of HRAP)		
Name	Establishment	Position

<p><b>MEMBERSHIP REQUIREMENTS CHECKLIST</b></p> <ul style="list-style-type: none"> <li>• Photocopy PERMIT TO OPERATE</li> <li>• Photocopy SEC or DTI Registration (Showing Capitalization)</li> <li>• BIR Certificate of Registration (Form 2303)</li> <li>• Company Profile</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing Brochures</li> <li>• List of Products</li> <li>• 2 x 2 Pictures of Designated Official &amp; Alternate Representatives</li> </ul>
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<p>Please send filled up form to:</p> <p>HRAP SECRETARIAT Room 4016 Golden Rock Building 168 Salcedo Street, Legaspi Village, Makati City Tel No. (632) 816-2421 Fax No: 816-2419 Email: <a href="mailto:secretariat@hrap.org.ph">secretariat@hrap.org.ph</a> or <a href="mailto:secretariat.hrap@gmail.com">secretariat.hrap@gmail.com</a></p>
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