

# MEMBERSHIP APPLICATION FORM

## HOTELS / RESORTS

Name of Company			
Address			
Telephone No(s)		Fax No.	
Email Address		Website	
Validity		DOT Accreditation	
<b>MEMBERSHIP CLASSIFICATION</b>			
<input type="checkbox"/> Individual Hotel	<input type="checkbox"/> De Luxe	<input type="checkbox"/> First Class	<input type="checkbox"/> Standard / Economy
<input type="checkbox"/> Individual Resort	<input type="checkbox"/> Class AAA	<input type="checkbox"/> Class AA	<input type="checkbox"/> Special Interest A or B / Inn
<input type="checkbox"/> Class A			
<input type="checkbox"/> Hotel Chain / Condotels (one brand name in multiple location nationwide/or same owner in multiple locations)			
Total No. of Restaurant Outlets in Hotel (Seating Capacity)		No. of Guestrooms	
Total No. of Employees		Total No. of Meeting/Function Rooms (Capacity)	
<input type="checkbox"/> Provincial / 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.

\_\_\_\_\_  
PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DESIGNATION

REFERENCES (known member of HRAP)

Name

Establishment

Position

### MEMBERSHIP REQUIREMENTS CHECKLISTS

- Photocopy of DOT Accreditation
- Photocopy PERMIT TO OPERATE
- Photocopy of SEC or DTI Registration
- BIR Registration
- BIR Certificate of Registration (Form 2303)
- Company Profile
- One External Photo of Establishment
- One Internal Photo of Establishment
- 2 x 2 Pictures of Designated Official & Alternate Representatives

Please send filled up form to:  
HRAP SECRETARIAT  
Room 4016 Golden Rock Building  
168 Salcedo Street, Legaspi Village, Makati City  
Tel No. 8 816-2421 Fax No: 8 816-2419  
Email: secretariat@hrap.org.ph or secretariat.hrap@gmail.com