

APPLICATION FOR MEMBERSHIP

ASSOCIATE

Name of Company		
Address		
Telephone No(s)	Fax No.	E-mail
MEMBERSHIP APPLICATION		
<input type="checkbox"/> Associate	<input type="checkbox"/> New Member	<input type="checkbox"/> Regular Member
<input type="checkbox"/> Others		
Total No. of Students	No. of Laboratories	
Total No. of Employees/Faculty	Total No. of Meeting/Function Rooms	
Associate (School) Please fill-up separate info sheet that would briefly describe your: a. School Profile b. Faculty Profile c. Laboratory Facilities d. Course Program		Membership in other Professional Organization: 1. _____ 2. _____ 3. _____
Representatives (Owner or designated GM who will attend HRAP functions /meetings, etc, per by-laws)		Designation
Official		
Alternate		
COMPANY PROFILE: Kindly attach at least 1 paragraph profile of your school with photo ,list of school board members or Organizational structure		
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 CHECKLIST		
<ul style="list-style-type: none"> (School) HRM Curriculum / CHED Brochure/Picture of Establishment (one external/internal shot) Photocopy of Certificate of Membership with other Professional Organization Photocopy of SEC Certificate 		<ul style="list-style-type: none"> 2 x 2 Picture of Designated Official & Alternate BIR Registration No. Letter of Intent
Please send filled up form to: HRAP SECRETARIAT Room 4016 Golden Rock Building 168 Salcedo Street, Legaspi Village, Makati City Tel No. (632) 816-2421 Fax No: 816-2419 Email: secretariat@hrap.org.ph or hrapp@pltdsl.net		