

APPLICATION FOR MEMBERSHIP

HOTEL / RESORT

| | | | |
|---|------------------------------------|--|---|
| Name of Company | | | |
| Address | | | |
| Telephone No(s) | | Fax No. | |
| Email Address | | | |
| Validity | | DOT Accreditation | |
| MEMBERSHIP CLASSIFICATION | | | |
| <input type="checkbox"/> Individual Hotel | <input type="checkbox"/> De Luxe | <input type="checkbox"/> First Class | <input type="checkbox"/> Standard / Economy <input type="checkbox"/> Special Interest A or B / Inn |
| <input type="checkbox"/> Individual Resort | <input type="checkbox"/> Class AAA | <input type="checkbox"/> Class AA | <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 CHECKLIST | | |
| <ul style="list-style-type: none"> • Photocopy of DOT Accreditation • Photocopy PERMIT TO OPERATE • Photocopy SEC or DTI Registration • BIR Registration • BIR TIN No. | | <ul style="list-style-type: none"> • Company Profile • Marketing Brochure (if any) • One External Photo of Establishment • One Internal Photo of Establishment • 2 x 2 Pictures of Designated Official & Alternate Representatives |
| <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: secretariat@hrap.org.ph or hrapp@pltdsl.net</p> | | |