

APPLICATION FOR MEMBERSHIP

RESTAURANT

Name of Company		
Address		
Telephone No(s)	Fax No.	
E-mail Address		
Validity	DOT Accreditation	
Total No. of Employees	Total No. of Meeting/Function Rooms	Seating Capacity
RESTAURANT CLASSIFICATION		
Group A – CASUAL DINING <input type="checkbox"/> Fine Dining <input type="checkbox"/> Mid-Range <input type="checkbox"/> Casual <input type="checkbox"/> Theme Restaurant	Group B – QUICK SERVICE <input type="checkbox"/> Coffee House/Bakeshop/Fast Food/Food Kiosks & Counter Type Operations within Malls Entertainment Restaurants: <input type="checkbox"/> Bars <input type="checkbox"/> Clubs <input type="checkbox"/> Dancing & Ballroom Lounges	
Group C – Chain Establishment Applies to one brand name and/or one owner/holding company w/ multiple brand names provided fees are paid in lump sum	Group D – CATERING & SPECIAL SERVICES <input type="checkbox"/> Transport <input type="checkbox"/> Catering Services	
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

- | | |
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| <ul style="list-style-type: none"> • Photocopy of DOT Accreditation • Photocopy PERMIT TO OPERATE • Photocopy of 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 |
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Please send filled up form to:

HRAP SECRETARIAT
 Room 4016 Golden Rock Building
 168 Salcedo Street, Legaspi Village, Makati City
 Tel. No. 816-2421 / Fax 816-2419
 Email: secretariat@hrap.org.ph or hrap@pltdsl.net