

APPLICATION FOR MEMBERSHIP

ALLIED

Name of Company	
Address	
Telephone No(s)	Fax No.
E-mail Address	
Validity	DOT Accreditation
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.	
_____	_____
PRINTED NAME & SIGNATURE	DESIGNATION

REFERENCES (known member of HRAP)		
Name	Establishment	Position

MEMBERSHIP REQUIREMENTS CHECKLIST	
<ul style="list-style-type: none"> • Photocopy PERMIT TO OPERATE • Photocopy SEC or DTI Registration • BIR Registration • BIR TIN NO. 	<ul style="list-style-type: none"> • Company Profile • Marketing Brochures • List of Products • 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>
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