

MEMBERSHIP APPLICATION FORM AFFILIATES

Name of Company	
Address	
Telephone No(s)	Fax No.
Email Address	
SEC Registered Name / SEC Reg No.	Website
Total No. Of Employees:	Year Established
Branches (if any)	
Representatives (Designated Officer who will attend HRAP functions /meetings, etc, per by-laws)	Designation
Official Representative Name:	
Official contact details mobile no.	Email address:
Alternate Representative Name:	
Alternate Representative contact details: Mobile No.	Email address:

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

- Photocopy SEC or DTI Registration
- Photocopy of Permit to Operate
- BIR Certificate of Registration (Form 2303)
- List of Members

- Company Profile
- 2 x 2 Pictures of Designated Official & Alternate Representatives

Please send filled up form to:

HRAP SECRETARIAT
Room 4023 Golden Rock Building
168 Salcedo Street, Legaspi Village, Makati City
Tel No. (632) 8 816-2421 Fax No: 8 816-2419
Email: secretariat@hrap.org.ph or secretariat.hrap@gmail.com