

MEMBERSHIP APPLICATION FORM

ASSOCIATES

Name of School:		
Address		
Telephone No(s)		Fax No.
Email Address		Website
MEMBERSHIP APPLICATION CATEGORY		
DepEd/CHED/TVI/HEI (supported by certified enrollment by TESDA/DepEd/College)	Multi-Campus schools (system)	■ Others
	1 ST Campus:	
	2 nd Campus:	
	3 rd Campus	
	4 th Campus:	
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 Dean/School Admin 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
Date: _____		
REFERENCES (known member of HRAP)		
Name	Establishment	Position
MEMBERSHIP REQUIREMENTS CHECKLIST		
<ul style="list-style-type: none">(School) HRM Curriculum / CHED Recognition/CertificationBrochure/Picture of Establishment (one external/internal shot)Photocopy of Certificate of Membership with other Professional OrganizationPhotocopy of SEC Certificate		<ul style="list-style-type: none">2 x 2 Picture of Designated Official & AlternateBIR Certificate of Registration (Form 2303)Letter of IntentPhotocopy of Permit to Operate
Please send filled up form to: HRAP SECRETARIAT Room 4023 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 secretariat.hrap@gmail.com		