

MEMBERSHIP APPLICATION FORM

RESTAURANTS

Name of Company			
Address			
Telephone No(s)		Fax No.	
E-mail Address		Website	
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 <input type="checkbox"/> Coffee Houses / Bakeshops	
Group C – CHAIN ESTABLISHMENTS – QUICK SERVICE & FASTFOOD ESTABLISHMENTS 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 / Food Kiosks Counter – Type Op in Malls <input type="checkbox"/> Catering	
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

Date: _____

REFERENCES (known member of HRAP)

Name	Establishment	Position

MEMBERSHIP REQUIREMENTS CHECKLIST <ul style="list-style-type: none"> • Photocopy PERMIT TO OPERATE • Photocopy of SEC or DTI Registration • BIR Certificate of Registration (Form 2303) 	<ul style="list-style-type: none"> • Company Profile • 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 4023 Golden Rock Building
 168 Salcedo Street, Legaspi Village, Makati City Tel. No. 816-2421 / Fax 816-2419
 Email: secretariat@hrap.org.ph or secretariat.hrap@gmail.com