

MEMBERSHIP PROFILE UPDATE FORM

CORRECTED PROFILE: COMPANY/ORGANIZATION: (if change of company name	e: provide us latest copy of your high-resolution logo)
ADDRESS:	
BUSINESS LINE (Primary)	
BUSINESS LINE (Secondary)	
TELEPHONE NO:	E-MAIL: (all HRAP notices will be sent to this e-mail
FAX NO.	WEBSITE:
OFFICIAL REPRESENTATIVE: NAME:	DESIGNATION:
TELEPHONE / MOBILE NO.	EMAIL:
FAX NO.	LI IAIL.
SECRETARY:	EMAIL:
ALTERNATE REPRESENTATIVE:	DESIGNATION:
	EMAIL:
Please email this form to: secretariat@hrap.org.ph Or send hard copy to Hotel and Restaurant Association of the Philippines Rm 4023 Golden Rock Building, 168 Salcedo St.	I attest that the information I provided in this Form are true and correct.
Legaspi Village, Makati City 1229 Fax: 8816-2419	Signature over Printed Name
Revised Form JULY 2023	Designation
	Date