

## **MEMBERSHIP APPLICATION FORM CHAPTER**

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Business Address:					
Date / Year Established					
Telephone No(s)			Fax No.		
Website Address:					
Official Representative			Position:		
Email Address:			Mobile No.		
Alternate Representative			Position:		
			Fosition.		
Email Address:			Mobile No.		
No. of Members:	Hotel:		Resort:	Restaurant:	
(please pro	rship Directory, email to	secretariat@hrap.org.ph)			
For purposes of Separate Listing in HRAP Membership Directory and HRAP Website, indicate names of members, address & other contact info (you may submit a separate list for this particular info, an additional assessment of Php300.00 per members should be added in your					
membership dues)					
We would like to have the following members separately listed in the HRAP Membership Directory, as follows: (pls. submit separate sheet if space is not enough)					
I certify to the correctness of the abo	ve information and	I agree to remit the amo	ount for Admission Fee, Ar	nnual Dues as per requirem	ent of HRAP.
PRINTED NAME & SIGNATURE			DESIGNATION		
REFERENCES (known member of H	IRAP)				
Name			Establishment		Position
MEMBERSHIP REQUIREMENTS C	HECKLIST				
Photocopy PERMIT TO OPERATE			BIR Certificate of Registration (Form 2303)		
<ul> <li>Photocopy of SEC or DTI Registration</li> <li>Chapter Membership Directory</li> </ul>			<ul> <li>2 x 2 Pictures of Designated Official &amp; Alternate Representatives</li> </ul>		
		Please send fil	led up form to:		
HRAP SECRETARIAT					
Room 4016 Golden Rock Building					
168 Salcedo Street, Legaspi Village, Makati City Tel No. (632) 816-2421   Fax No:  816-2419					
	Email: se		or secretariat.hrap@gma	il.com	
Revised Form November 2019					

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