



MEMBERSHIP APPLICATION FORM ASSOCIATE MEMBER

(Please Type or Print)

Date of Application: _____

REGISTERED Name of Company: _____

Office Address: _____

Tel No/s.: _____ Fax No/s: _____

Email: _____ Website: _____

Year Established/Incorporated: _____

Members:

	Types of Membership	No. of Members
1.	_____	_____
2.	_____	_____
3.	_____	_____

Membership in other Associations/Organizations: _____

Executive Officers:

Chairman/President (Official Representative)

Name: _____ Designation: _____

Mobile No.: _____ Email: _____

Executive Director/Secretary General (Alternate Representative)

Name: _____ Designation: _____

Mobile No.: _____ Email: _____

Business/Organization References: (Pls. fill out all information required. Use additional pages if necessary)

	<u>Name</u>	<u>Business Address</u>	<u>Tel. No.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



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(Please Type or Print)

Does the Association/Organization have any pending civil or criminal case?

No

Yes *(Please elaborate)* _____

Documents Submitted: *(To facilitate processing of membership, pls. submit all required documents together with this application form. Incomplete form and documents will not be processed)*

Business Registration

Articles of Incorporation and By-Laws

List of Board of Directors

2 x 2 Picture and Resume of Chairman/President of the Association/Organization

Profile of the Association/Organization

Letter of Intent

Application completed by:

Name: _____ Signature: _____

Position: _____

Authorized by:

Name: _____ Signature: _____

Position: _____



MEMBERSHIP APPLICATION FORM ASSOCIATE MEMBER

===== (For FAPRA use only) =====

Received by (PS/FAPRA Chairman's Office):

Name: _____ Designation: _____

Date: Original _____ Fax/Email _____

Recommended by (FAPRA Member Association):

Name: _____ Designation: _____

Date: _____

Approved by (HOD/s):

Approved

Disapproved

Name: _____ Designation: _____

Date: _____

Approved by (FAPRA Chairman):

Approved

Disapproved

Name: _____ Designation: _____

Date: _____

Membership Dues

Annual Membership Fee: \$600