



MEMBERSHIP APPLICATION FORM AFFILIATE MEMBER

The Affiliate Members are companies that are considered suppliers and service providers to the retail industry. These include those in the industries of Information Technology, Hardware and Software Products, Consumer and Financial Services, Airline and Hotels, Household and Personal Care, Real Estate, Media, Publishing and Research Companies, Beverages, Business Products and Services among others.

(Please Type or Print)

Date of Application: _____

REGISTERED Name of Company: _____

Head Office Address: _____

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

Email: _____ Website: _____

Regional office address: _____

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

Email: _____ Website: _____

Year Established/Incorporated: _____

Type of Organization: *(Pls. tick one)*

- Single Proprietorship
- Partnership
- Corporation
- Others (Pls. specify)

Business Line: *(Tick all Applicable)*

- Manufacturer
- Importer / Trader
- Supplier
- Service provider

Product Line/Services Offered: (Pls. attach company profile and list of services/products, etc.)

Number of Employees:

Head Office: _____ Regional: _____



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(Please Type or Print)

Authorized Capitalization: *(Tick whichever is applicable)*

- \$ 1,000,000 and below
- \$ 1,000,001 - \$ 100,000,000
- \$ 100,000,001 - \$ 1,000,000,000
- \$ 1,000,000,001 and above

Bank References:

	<u>Bank</u>	<u>Branch</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Business 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.	_____	_____	_____

Membership in other Associations/Organizations: _____

Executive Officers: *(Please fill out completely. Put N/A if not applicable)*

Chairman: _____

Email: _____

President: _____

Email: _____

Regional Officers:

CEO/COO/Managing Director: _____

Email: _____

General Manager: _____

Email: _____



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(Please Type or Print)

Does the company have any pending civil or criminal case?

No

Yes (Please elaborate) _____

IMPORTANT: For continuity of membership, Official Representative is automatically the highest officer in the Company's Head Office/Headquarter.

Official Representative (OR)

Name: _____ Designation: _____

Mobile No.: _____ Email: _____

Alternate Representative (AR)

Name: _____ Designation: _____

Mobile No.: _____ Email: _____

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
- Updated list of Officers in the Regional Office
- 2 x 2 Picture and Resume of President/Official Representative of the company
- Company Profile
- Letter of Intent

Application completed by:

Name: _____ Signature: _____

Position: _____

Authorized by:

Name: _____ Signature: _____

Position: _____



MEMBERSHIP APPLICATION FORM AFFILIATE 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: \$ 5,000.00