



PHILIPPINE RETAILERS ASSOCIATION

Unit 2610 Jollibee Plaza, Emerald Ave., Ortigas Center, Pasig City

Tel.: (632) 687-4180/4181 * 687-4985 Fax: 636-0825

MEMBERSHIP APPLICATION FORM

ASSOCIATE MEMBER

(Please Type or Print)

Date of Application: _____

Complete Name of Company: _____

Business Address (Pls. Don't use PO Box No.): _____

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

E-mail: _____ Website : _____

Mobile No. of Official Representative: _____ Mobile No. of Alternate Representative: _____

Year Established / Incorporated: _____

- Would you prefer to receive PRA announcements/circulars, etc. by **e-mail**? YES NO
 Email address: _____

- Do you have a **Website**? YES NO

- Would you like to hyperlink w/ the PRA website? YES NO
 If YES, pls. indicate website for hyperlink: _____

Type of Organization: (Pls. tick one)

Business Line: (Tick all Applicable)

- Single Proprietorship
 Partnership
 Corporation
 Others (Pls. specify)

- Manufacturer
 Importer / Trader
 Supplier
 Service provider

Product Line / Services Offered:

Number of Employees: Regular: _____ Casual: _____

Authorized Capitalization (Tick whichever is applicable)

P50 Million and BELOW

ABOVE P50 MILLION

Bank References:

Bank

Branch

1. _____
 2. _____
 3. _____

Business References: (Pls. Fill up all information required. Pls use additional pages if necessary))

Name	Company/ Address	Tel. No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Membership in Other Associations / Organizations:

Officers: (*For Multinational companies, pls indicate only your Philippine-based officers*).

*Please fill up completely. Put N/A if applicable *

Chairman : _____

* Email: _____

President: _____

* Email: _____

CEO / COO: _____

* Email: _____

General Manager: _____

* Email: _____

- Does the company have any pending civil or criminal case?

NO

YES (Please elaborate) _____

REPRESENTATION IN THE ASSOCIATION*

- *Important: For purposes of continuity of membership, **Official Representative is automatically the President/Owner of the company.***
- *For **MULTINATIONAL COMPANIES/ FOREIGN – BASED COMPANIES** the **Official Representative** is the highest officer in the Philippine office*

***Official** Representative (OR): _____

* Designation: _____

* Email: _____ *Cellphone: _____

***Alternate** Representative (AR):

Name: _____ *Designation: _____

*Email: _____ * Cellphone: _____

Application Authorized by:

Name: _____ Signature: _____

Position: _____ Date: _____

Documents Submitted: (To facilitate processing of membership, pls. Submit COMPLETE documents together with this application. INCOMPLETE Applications will not be processed)

- SEC or DTI Registration
- 2 x 2 Picture and resume of President/Official Rep of the company
- By-Laws and Articles of Incorp. Latest BIR Stamped Financial Statement

----- (For PRA use only) -----

Date Received by PRA Secretariat: _____ Original Fax

Received by: _____

Type of Membership: Regular Associate Individual Corporate

Recommended/Endorsed by: _____

Action Taken: Approved Disapproved

Date Accepted: _____

Membership Dues: Membership Fee : P 10,000.00 (one time assessment)- 1ST YEAR ONLY)
 Annual Dues : P _____
 Total : P _____