



PHILIPPINE RETAILERS ASSOCIATION

Unit 2610 Jollibee Plaza, F. Ortigas Jr. Ave. (formerly Emerald Ave.)

Ortigas Center, Pasig City

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

MEMBERSHIP APPLICATION FORM

(Please Type or Print)

Date of Application: _____

Commercial Name of Retail Outlet (if different from company name): _____

Complete Name of Company: _____

Are there other Retail Outlets under the same company? YES NO

If yes, please identify:	Name of Store & Main Location	No. of Branches
	_____	_____
	_____	_____

Pls. use additional paper, if necessary.

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

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

E-mail: _____ Website : _____

Would you prefer to receive PRA announcements/circulars, etc. by e-mail? YES NO

Would you like to hyperlink w/ the PRA website? YES NO

Year Established / Incorporated: _____

Type of Organization: (Pls. tick one)

Business Line: (Tick all Applicable)

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

- Retailer
- Manufacturer
- Importer / Trader
- Supplier
- Products Services

Product Line / Services Offered:

Number of Branches and locations:

Metro Manila: _____ Visayas : _____

Luzon : _____ Mindanao : _____

Malls where you have existing outlet: _____

Number of Employees: Regular: _____ Casual: _____

Capitalization: Subscribed: _____ Paid-Up: _____

Annual Sales Volume: (Tick whichever is applicable)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> P 150 Million and above | <input type="checkbox"/> P 100 Million – 149 Million | <input type="checkbox"/> P 25 Million – P 74 Million | <input type="checkbox"/> P 10 Million – P 19 Million |
| <input type="checkbox"/> P 75 Million – P 99 Million | <input type="checkbox"/> P 20 Million – P 24 Million | <input type="checkbox"/> Below P 10 Million | |

Bank References:

	Bank	Branch
1.	_____	_____
2.	_____	_____
3.	_____	_____

Business References: (Pls. Fill up all information required)

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

Membership in Other Associations / Organizations:

OFFICERS:

Chairman : _____

President: _____

CEO / COO: _____

General Manager: _____

Does the company have any pending civil or criminal case?

NO

YES (Please elaborate) _____

REPRESENTATION TO THE ASSOCIATION*

** Important: For purposes of continuity of membership, **Official Representative is automatically the President***

Alternate Representative:

Name: _____ Position: _____

Application Form Accomplished by:

Name: _____ Signature: _____

Position: _____ Date: _____

Documents Submitted: (To facilitate processing of membership, pls. Submit COMPLETE documents together with this application)

<input type="checkbox"/> SEC or BDT Registration	<input type="checkbox"/> 5 x 7 Picture of Business Establishment (1Interior Shot & 1 Exterior Shot)
<input type="checkbox"/> By-Laws and Articles of Inc.	<input type="checkbox"/> 2 x 2 Picture and resume of President of the company
<input type="checkbox"/> Latest Financial Statement	

----- **(Do not fill up below this line. 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 _____ (one time assessment)

Annual Dues : P _____

Total : P _____