



PHILIPPINE RETAILERS ASSOCIATION

The Pulse and Voice of the Retail Industry

MEMBERSHIP APPLICATION FORM (REGULAR MEMBER)

Date of Application: _____

I. GENERAL INFORMATION

Complete Name of Company: _____

Retail Store under this company: _____

Total number of store/branches: _____

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

Telephone no/s.: _____ Fax no/s.: _____

Year Established / Incorporated: _____ Fiscal Year: _____

- Would you like to hyperlink with the PRA website? YES NO

Website: _____

- What made you decide to become a member of the PRA? (This must be filled up)

II. INFORMATION ABOUT YOUR COMPANY

Type of Organization (Pls. tick one)

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

Business Line (Pls. tick applicable)

- | | |
|--|---|
| <input type="checkbox"/> Dept. Store | <input type="checkbox"/> Computer and Accessories |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Drug Store/Health & Beauty |
| <input type="checkbox"/> Food | <input type="checkbox"/> Home Builders |
| <input type="checkbox"/> Fast food/restaurant | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Appliance Store | <input type="checkbox"/> Specialty |
| <input type="checkbox"/> Furniture and furnishings | <input type="checkbox"/> others (if not specified): _____ |
| <input type="checkbox"/> Discounted store | |
| <input type="checkbox"/> Fashion (pls. specify): _____ | |

Products / Services:



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Malls where you have existing outlets:

Number of Employees: Regular: _____ Contractual: _____

Capitalization: Subscribed: _____ Paid-Up: _____

| Total number of branches – include all branches of all brands under the same corporate entity (Tick whichever is applicable) | |
|---|--|
| CATEGORY | NO. OF BRANCHES |
| <input type="checkbox"/> Dept. Stores, Supermarkets, Hypermarkets, Home Builders, Gas Stations | <input type="checkbox"/> 20-UP <input type="checkbox"/> 5-19 Branches <input type="checkbox"/> 1-4 Branches |
| <input type="checkbox"/> Boutiques, Chain Stores, Restaurants | <input type="checkbox"/> 60 – up <input type="checkbox"/> 41-59 Branches <input type="checkbox"/> 21 – 40 Branches <input type="checkbox"/> up to 20 Branches |
| <input type="checkbox"/> Kiosk | <input type="checkbox"/> 41 – 60 branches <input type="checkbox"/> 21 – 39 branches <input type="checkbox"/> up to 20 branches |
| <input type="checkbox"/> Online retailing | |

*Please attach in a separate sheet your list of store locations (required)

III. FOR BACKGROUND CHECKING

- Bank references:

| BANK | BRANCH |
|------|--------|
| 1. | |
| 2. | |
| 3. | |

- Membership in Other Associations / Organizations:

- Officers (For multinational companies, pls. Indicate only your Philippine-based officers)

Chairman: _____ Email: _____

Mobile no.: _____

President: _____ Email: _____

Mobile no.: _____

CEO / COO: _____ Email: _____

Mobile no.: _____

General Manager: _____ Email: _____

Mobile no.: _____

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

Yes (Please elaborate) _____



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No

• Do you play music in your stores: Yes No

If YES, are you licensed by FILSCAP? Yes No

IV. REPRESENTATION IN THE ASSOCIATION

1. For purposes of continuity of membership, the President or Owner of the company should be the automatic Official Representative.
2. For **MULTINATIONAL COMPANIES/ FOREIGN- BASED COMPANIES**, the **Official Representative** is the highest officer in the Philippine office
3. All fields below must be **COMPLETELY FILLED OUT**. Incomplete fields will not be processed.

Official Representative (OR): _____ Designation: _____

Email: _____ Cell phone: _____

Alternate Representative (AR): _____ Designation: _____

Email: _____ Cell phone: _____

HR Manager: _____ Designation: _____

Email: _____ Cell phone: _____

• Other contact person

Full name: _____ Designation: _____

Email: _____ Cell phone: _____

APPLICATION AUTHORIZED BY:

Name: _____ Signature: _____

Designation: _____ Date: _____

V. DOCUMENTS SUBMITTED

To facilitate processing of membership, kindly submit the complete documents together with this application form. Please know that **INCOMPLETE** applications will not be processed.

SEC or DTI Registration 5x7 picture of the store (1 Interior & Exterior shot)

By Laws and Articles of Inc. 2x2 picture and resume of the Official Representative
Of the company

----- (FOR PRA USE ONLY) -----

Date Received by PRA Secretariat: _____ Original Fax

Received by: _____

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 _____ (depends on the number of branches) **GSR
 Total : P _____