



# PHILIPPINE RETAILERS ASSOCIATION

*The Pulse and Voice of the Philippine Retail Industry*

## MEMBERSHIP APPLICATION FORM (ASSOCIATE MEMBER)

Date of Application: \_\_\_\_\_

### I. GENERAL INFORMATION

Complete Name of Company: \_\_\_\_\_

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

Telephone no/s.: \_\_\_\_\_ Fax no/s.: \_\_\_\_\_

Company E-mail: \_\_\_\_\_

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)  
\_\_\_\_\_  
\_\_\_\_\_

*\*\* PRA announcements and circulars will be sent through email, fax and mail.*

### II. INFORMATION ABOUT YOUR COMPANY

Type of Organization (Pls. tick one)

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

Business Line (Pls. tick applicable)

- Manufacturer  Logistics / Supply Chain  
 Importer / Trader  Digital Marketing / Online  
 Supplier  E-commerce  
 Service provider  Telecom  
 Technology  others (if not specified): \_\_\_\_\_  
 Hardware and Software  
 Shopping Center / Malls  
 POS provider

Brief Description of your company and/or Products & Services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: Regular: \_\_\_\_\_ Contractual: \_\_\_\_\_



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<b>Authorized Capitalization</b> (Tick whichever is applicable)
<input type="checkbox"/> P50 Million and below
<input type="checkbox"/> Above P50 Million

### 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) \_\_\_\_\_

No

### IV. REPRESENTATION IN THE ASSOCIATION

- For purposes of continuity of membership, the President or Owner of the company should be the automatic Official Representative.
- For MULTINATIONAL COMPANIES/ FOREIGN- BASED COMPANIES, the Official Representative is the highest officer in the Philippine office
- 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: \_\_\_\_\_



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### Other contact person

Full name: \_\_\_\_\_ Designation: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Kindly tick the items below and affix your signature above your name.**

- I hereby confirm that the above information is true and correct.
- I consent to the processing of the information provided, for PRA membership approval.
- Once approved as PRA member, I consent to the processing of my basic information, indicated below to be used by PRA for communication, updates and be connected to fellow PRA members:

1. Full Name of Official Representative and/or Alternate Representative
2. Company Name
3. Company Address
4. Company Contact details, landline, mobile no. and email address

### 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
- Company Profile
- By Laws and Articles of Inc.
- Latest BIR Stamped Financial Statement
- BIR 2303

----- (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 capitalization) \*\*GSR  
 Total                : P \_\_\_\_\_