



PHILIPPINE RETAILERS ASSOCIATION

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

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

www.philretailers.com * www.nrceph.com

MEMBERSHIP APPLICATION FORM

REGULAR MEMBER (Retailers)

(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 : _____

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)

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

Product Line / Services Offered:

Malls where you have existing outlets: _____

Number of Employees: Regular: _____ Casual: _____

Capitalization: Subscribed: _____ Paid-Up: _____

Total number of Branches – include all branches of all brands under same corporate entity
(Tick whichever is applicable)

CATEGORY	NO. OF BRANCHES
<input type="checkbox"/> DEPT. STORES, SUPERMARKETS, HYPERMARTS, 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 (including concessionaires)	<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"/> KIOSKS	<input type="checkbox"/> 41 – 60 BRANCHES <input type="checkbox"/> 21 – 39 BRANCHES <input type="checkbox"/> UP TO 20 BRANCHES
<input type="checkbox"/> ONLINE RETAILING	

***Pls attach in a separate sheet your list of store locations (Required)**

Bank References:

<i>Bank</i>	<i>Branch</i>
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: (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) _____

- Do you play music in your stores: YES NO
 - If YES, are you licensed by FILSCAP? YES NO

REPRESENTATION IN THE ASSOCIATION*

- *Important: For purposes of continuity of membership, **Official Representative is automatically the President or 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 5 x 7 Picture of STORE (for REGULAR MEMBERS)
- By-Laws and Articles of Inc. (1Interior Shot & 1 Exterior Shot)
- Latest BIR Stamped Financial Statement 2 x 2 Picture and resume of President/Official Rep of the company

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

Date Received by PRA Secretariat: _____ Original Fax
 Received by: _____

Type of Membership: Regular

Recommended/Endorsed by: (EBBS) _____

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 _____

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