

APPLICATION FOR MEMBERSHIP

COMPANY INFORMATION

COMPANY NAME : _____

OFFICE ADDRESS : _____

TELEPHONE NO/S. : _____ FAX NO. _____

COMPANY PRODUCTS / SERVICES OR NATURE OF BUSINESS:

INVITED BY : _____

OFFICIAL REPRESENTATIVES TO THE ASSOCIATION:

(Please notify the Secretariat Office in case of any change in your OFFICIAL REPRESENTATIVE after the submission of this data sheet.)

REGULAR

ALTERNATE

NAME : _____

POSITION : _____

DECLARATION

We hereby apply for membership to the Philippine Die and Mold Association and agree to be bound by its By-Laws and Articles of Incorporation.

(Company Name)

(Signature over printed name authorized official)

(Date)

(Position)

Payment Enclosed

Please Bill Us

Annual Dues :Php 2,000.00 Membership Fee : Php 5,000.00
Additional : Php 2,000.00
(for the succeeding year only)

(For Association Records Only)

ACTION ON APPLICATION

Date application was received by Membership Committee: _____

Recommendation of Membership Committee: _____

(Chairman, Membership Committee)

Date application was filed with the Board of Directors: _____

Action taken by the Board of Directors: _____

(Secretary)

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COMPANY DATA

COMPANY NAME : _____

OFFICE ADDRESS : _____

TELEPHONE NO/S.: _____ FAX NO/S. : _____

PLANT ADDRESS : _____

TELEPHONE NO/S.: _____ FAX NO/S. : _____

YEAR ESTABLISHED: _____ AUTHORIZED CAPITAL: _____

TYPE OF ORGANIZATION: _____ NO. OF EMPLOYEES: _____

() CORPORATION _____ ADMINISTRATIVE : _____

() PARTNERSHIP _____ TECHNICAL : _____

() SOLE PROPRIETORSHIP _____ TOTAL : _____

OFFICIAL REPRESENTATIVE TO THE ASSOCIATION:

REGULAR

ALTERNATE

NATURE OF BUSINESS : _____

MAIN PRODUCT LINES : A- FOR EXPORT B – LOCAL CONSUMPTION

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PERSONAL DATA

REGULAR REPRESENTATIVE

NAME LAST FIRST M.I.

HOME / CITY ADDRESS TELEPHONE NO/S

BIRTH: DATE PLACE SEX HEIGHT WEIGHT

MAILING ADDRESS:

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME (RELATIONSHIP) ADDRESS/TELEPHONE NO/S

EDUCATIONAL BACKGROUND

	SCHOOL / INSTITUTION	YEAR ATTENDED
PRIMARY	_____	_____
SECONDARY	_____	_____
VOCATIONAL	_____	_____
COLLEGE	_____	_____
(COURSE)	_____	_____
OTHERS	_____	_____

I HEREBY DECLARE THAT THIS STATEMENT HAS BEEN MADE IN GOOD FAITH AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE AND CORRECT.

(SIGNATURE OVER PRINTED NAME)