



MEMBERSHIP APPLICATION FORM REGULAR MEMBERS

(Please Type or Print)

Date of Application: _____

Name of Organization (English version):

Permanent Business Address of Secretariat: _____

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

Official E-mail: _____

Website: _____

Year Established / Incorporated: _____

Country/Area where Registered: _____

Type of Organization:

- National Retail Association
- Chamber of Commerce
- Supplier of Products &/or Services

Number of Employees in the Secretariat: _____

Current Head of the Secretariat: () Mr. () Ms. () Mrs.

Family Name/Last Name: _____

First Name/ Given Name: _____

Position title of Head of the Secretariat: (pls tick)

- Secretary general
- Executive Director
- COO
- General manager
- Others (pls specify): _____

Membership Affiliation with Other Relevant International Associations / Organizations:



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Regular Programs/ projects being undertaken: (pls tick all relevant)

- Seminars/ Workshops
- Annual Convention
- General Assembly/ Membership Meetings
- Regular newsletter: () Printed () Online
- Advocacy
- Others (Pls identify) : _____

No. of Board of Directors/ Trustees: _____

- Elected: () YES () NO
- Appointed: () YES () NO

How often does the Board of Directors meet: _____

How often do you have an election of the Board of Directors/ Trustees? _____

Officers of the Organization:	Year covered:
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- Chairman : _____
Company: _____
Designation in the company: _____
Email: _____
- Vice Chairman: _____
Company: _____
Designation in the company: _____
Email: _____
- President: : _____
Company: _____
Designation in the company: _____
Email: _____
- Corporate Secretary : _____
Company: _____
Designation in the company: _____
Email: _____



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Application Prepared by:

Name: _____ Signature: _____
Position: _____ Date: _____

Documents Submitted:

- Business Registration
- Articles of Incorporation and By-Laws
- List of Board of Directors
- 2 x 2 Picture and Resume of Chairman/President of the Association/Organization
- Profile of the Association/Organization
- Letter of Intent

===== (For FAPRA use only) =====

Received by (PS/FAPRA Chairman's Office):

Name: _____ Designation: _____
Date: Original _____ Fax/Email _____

Recommended by (FAPRA Member Association):

Name: _____ Designation: _____
Date: _____

Approved by (HOD/s): Approved Disapproved

Name: _____ Designation: _____
Date: _____

Approved by (FAPRA Chairman): Approved Disapproved

Name: _____ Designation: _____
Date: _____

Membership Dues: Annual Dues : USD _____
Membership Fee : USD _____