



Hotel, Resort & Restaurant Association of Cebu, Inc.

Unit 4, 2nd Floor, SVL Building, Josefa Arcade, Gen. Maxilom Avenue, Cebu City

* Telefax No. (32) 232-5101 * * hrrac.ceb@gmail.com *

APPLICATION FOR MEMBERSHIP - ALLIED SUPPLIER

NAME OF COMPANY : _____

Address : _____

DOT Accreditation No. : _____ **Validity :** _____

DTI Registration No. : _____ **Date :** _____

Telephone No. (s) : _____ **Fax No. :** _____

Email Address : _____

CLASSIFICATION:

Hotel/Pension Resort Restaurant Allied Supplier Academe

5 Star AAA **Seating Capacity:** _____

4 Star AA

3 Star / below A

Type of Service: _____ Special Interest

TYPE OF ORGANIZATION:

Corporation Partnership Single Proprietorship

Date Established _____ **Date of Last Renovation/Expansion** _____

Total No. of Employees _____ **Regulars** _____ **Casuals** _____

FACILITIES & SERVICES: *Please Enumerate*

Facilities: _____ **Services:** _____

Type of Cuisine Served: _____

HRRAC REPRESENTATIVE (s) _____ **Designation** _____ **Birth day** _____ **Home or Cell No.** _____

Official : _____

Alternate: _____

State briefly Why do you want to be a member of HRRACI? What do you expect to benefit from the Association?

I certify to the correctness of the above information and I shall remit the amount required for Admission, Annual Dues as per requirement of HRRAC.

_____ **Printed Name & Signature** _____ **Designation** _____ **Date** _____

APPLICATION FOR MEMBERSHIP REQUIREMENTS

- Duly Accomplished Application Form (3 copies)
- Photocopy of DTI Registration (2 copies)
- Mayor's Permit – Recent/Renewed (2 copies)
- 2" x 2" recent picture of Official Representative/s (2 copies each)
- Picture of Establishment and/or Brochure & Fact Sheet (2 copies)

FEES:

Cash **Cheque No.** _____ (payable to HRRACI) **Bank** _____

Entrance Fee Php _____ (Non-Refundable) **Association Dues Php** _____ **O.R. #** _____

Endorsement from (2) HRRACI Members:

Name _____ **Signature** _____ **Establishment** _____ **Position** _____

1. _____

2. _____