



# Hotel, Resort & Restaurant Association of Cebu, Inc.

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

\* Telefax No. (32) 232-5101 \* \* [hrrac.ceb@gmail.com](mailto:hrrac.ceb@gmail.com) \*

## APPLICATION FOR MEMBERSHIP - RESORT

**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	Birthday	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

<input type="checkbox"/> Duly Accomplished Application Form (3 copies)	<input type="checkbox"/> 2" x 2" recent picture of Official Representative/s (2 copies each)
<input type="checkbox"/> Photocopy of DOT Accreditation (2 copies) – Recent/Renewed	<input type="checkbox"/> Photocopy of DTI Registration (2 copies)
<input type="checkbox"/> Mayor's Permit – Recent/Renewed (2 copies)	<input type="checkbox"/> 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. _____	_____	_____	_____