



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

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

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## APPLICATION FOR MEMBERSHIP RESTAURANT

**NAME OF COMPANY :** \_\_\_\_\_

**Address :** \_\_\_\_\_

**DOT Accreditation No. :** \_\_\_\_\_ **Validity :** \_\_\_\_\_

**DTI Registration No. :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Telephone No. (s) :** \_\_\_\_\_ **Fax No. :** \_\_\_\_\_

**Email Address :** \_\_\_\_\_

### CLASSIFICATION:

- |  |                                  |                                      |                                   |   |   |
|--|----------------------------------|--------------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> Hotel/Pension | <input type="checkbox"/> De Luxe | <input type="checkbox"/> First Class | <input type="checkbox"/> Standard | <input type="checkbox"/> Economy          | <input type="checkbox"/> No. of Rooms _____ |
| <input type="checkbox"/> Resort        | <input type="checkbox"/> AAA     | <input type="checkbox"/> AA          | <input type="checkbox"/> A        | <input type="checkbox"/> Special Interest |   |
| <input type="checkbox"/> Restaurant    | Seating Capacity: _____          |                                      | Type of Service: _____            |   |   |
| <input type="checkbox"/> Allied Member |                                  |                                      |                                   |   |   |
| <input type="checkbox"/> Academe       |                                  |                                      |                                   |   |   |

### TYPE OF ORGANIZATION:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership    | <input type="checkbox"/> 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:** \_\_\_\_\_

<b>HRRAC REPRESENTATIVE (s)</b>	<b>Designation</b>	<b>Birthday</b>	<b>Home or Cell No.</b>
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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:

	<b>Name</b>	<b>Signature</b>	<b>Establishment</b>	<b>Position</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____