



## Asian Association of School HRMD Practitioners, Inc.

1281 Tropical Ave. cor. Luxembourg St. BF international, Las Piñas City  
Tel Nos: (02) 825-2358; (02) 820-0973 local 106/164; TF (02) 825-3985 Cell Phone No: +63917-662-6782

### MEMBERSHIP APPLICATION FORM

#### I. ORGANIZATION'S INFORMATION

Please write in print. Thank you.

Date of Application:	Name of School/ Company:	Founding Year:
Complete Address:		Region:
Contact #:	Fax #:	E-mail/Website:
Course Offering and Student Population ( <i>for School</i> ): Pre-School: _____ Elementary: _____ High School: _____ College: _____		Number of Employees:
Name of Head of School/Company:	Official Title:	E-mail Address:
Cell Phone #(s):	Contact #(s):	Fax #:
Name of HRD Head:	Official Title:	E-mail Address:
Cell Phone #(s):	Contact #(s):	Fax #:

#### II. MEMBER'S INFORMATION

##### A. Institutional Membership

Name ( <i>of Regular Representative</i> ):	Official Title :	E-mail Address:
Cell Phone #(s):	Contact #(s):	Fax #:
Name ( <i>of Alternate Representative</i> ):	Official Title :	E-mail Address:
Cell Phone #(s):	Contact #(s):	Fax #:

**Requirements:** Accomplished Membership Application Form and any of the following Photocopy of Company's SEC Registration, Photocopy of Company's SSS Registration, or Photocopy of the Latest Mayor's Permit

##### B. Individual Membership

Please write in print. Thank you.

Name:	Designation:
Contact #(s):	Fax #:
E-mail:	
Name of Immediate Head:	Designation:
Contact #(s):	Fax #:
E-mail:	

**Requirements:** Accomplished Membership Application Form, Employment Certificate and Photocopy of Company Identification Card

#### III. Membership Payment

Please check type membership applied for.

Type of Membership	DISCOUNTED MEMBERSHIP FEE (Date of Application: January 2019 to December 2019)
<input type="checkbox"/> Institutional Membership	Php 1,500.00
<input type="checkbox"/> Individual Membership	Php 1,000.00
<input type="checkbox"/> Affiliate Institutional Membership	Php 1,500.00
<input type="checkbox"/> Affiliate Individual Membership	Php 1,000.00

Name of the person or chapter who referred you or your institution (if any):  
 \_\_\_\_\_

**Effectivity:** Month of Application up to December of the same year.

#### HOW TO PAY YOUR MEMBERSHIP DUES:

- Cash or check payment may be accepted at the Secretariat Office. Please make the check payable to Asian Association of School Human Resources Management and Development Practitioners, Inc.
- Payment may be deposited in any PNB (formerly Allied Bank) branch with the following information:  
AASHPI Bank Account: S/A 1451-7000-1513, PNB, Aguilar Ave. Las Piñas City.

#### IV. AFFIRMATION

By filling out this form, I allow AASHPI to use the personal information provided above as well as the information (name, address, and contact number) of the school I am connected with. AASHPI assures that all information will be treated accordingly.

I declare, under the penalties of perjury, that this form has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct. I hereby authorize the representatives from AASHPI to verify this information. Furthermore, I hereby authorize AASHPI to utilize all these information for business-related transactions, communication purposes and other process execution including delivery of notices, services and/or third party relationship management.

**Conforme:** \_\_\_\_\_  
 Printed Name and Signature of Authorizing Officer  
 Designation: \_\_\_\_\_  
 Date: \_\_\_\_\_