



Official Representative
2x2 Colored Picture

Alternate Representative
2x2 Colored Picture

APPLICATION FOR MEMBERSHIP

| | | |
|----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> REGULAR | <input type="checkbox"/> ALLIED | <input type="checkbox"/> AFFILIATE |
|----------------------------------|---------------------------------|------------------------------------|

| | | |
|---------------|------------------------------|----------------------------------|
| Reference No. | <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL |
|---------------|------------------------------|----------------------------------|

| |
|-----------------|
| NAME OF COMPANY |
|-----------------|

| |
|-----------------------|
| OFFICE ADDRESS (MAIN) |
|-----------------------|

| |
|-------------------------|
| OFFICE ADDRESS (BRANCH) |
|-------------------------|

| | |
|---------------|--|
| TELEPHONE NO. | |
| FAX NO. | |

| | |
|----------------|--|
| EMAIL ADDRESS: | |
| WEBSITE / URL: | |

| | | | |
|-------------------|--------------------------------------|--------------------------------------|--|
| TYPE OF OWNERSHIP | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SINGLE PROPRIETORSHIP |
|-------------------|--------------------------------------|--------------------------------------|--|

| | |
|-------------------|---------------------|
| SERVICES OFFERED: | IN OPERATION SINCE: |
|-------------------|---------------------|

| | | |
|--|--|---|
| <input type="checkbox"/> INBOUND | <input type="checkbox"/> Tourist Transport | <input type="checkbox"/> AIRLINE |
| <input type="checkbox"/> OUTBOUND | <input type="checkbox"/> BUS | <input type="checkbox"/> RESORT (Class) |
| <input type="checkbox"/> Local Tour Operator | <input type="checkbox"/> COASTER | <input type="checkbox"/> HOTEL (Class) |
| <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> CAR | <input type="checkbox"/> OTHERS |

| | | | |
|--|---------------------------------|--------------------------------|----------------------------------|
| MEMBERSHIP IN OTHER TOURISM ASSOCIATION: | | | |
| <input type="checkbox"/> AFTA | <input type="checkbox"/> IATA | <input type="checkbox"/> PCVC | <input type="checkbox"/> WIT |
| <input type="checkbox"/> ASTA | <input type="checkbox"/> NAITAS | <input type="checkbox"/> PTAA | <input type="checkbox"/> OTHERS: |
| <input type="checkbox"/> HRAP | <input type="checkbox"/> PATA | <input type="checkbox"/> PIATA | |
| <input type="checkbox"/> HSMA | <input type="checkbox"/> PATTO | <input type="checkbox"/> SKAL | |

| AUTHORIZED REPRESENTATIVE(S) (must hold managerial position) | | | | |
|--|------|-------------|----------|----------|
| | Name | Designation | Nickname | Birthday |
| Official | | | | |
| Alternate | | | | |

REQUIREMENTS FOR 1ST TIME APPLICANTS:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Two (2) copies of duly accomplished form. |
| <input type="checkbox"/> | Formal letter of application |
| <input type="checkbox"/> | Two (2) sponsorship letter from PHILTOA member Company in good standing |
| <input type="checkbox"/> | Application processing fee: Php 1,000 (non-refundable) Annual membership dues Php6,000 |
| <input type="checkbox"/> | Authorized letter stating the names of authorized representatives. Representatives must hold managerial position. |
| <input type="checkbox"/> | Biodata of authorized representatives w/ 2x2 pictures |
| <input type="checkbox"/> | Photocopy of LGU license or Mayor's permit |
| <input type="checkbox"/> | Photocopy of SEC Articles of Incorporation & By-laws |
| <input type="checkbox"/> | Latest GIS or DTI Certificate |
| <input type="checkbox"/> | List of company owners, officers and employees w/ designation |

| CERTIFICATION |
|---|
| I hereby certify that all information stated herein are true and correct to the best of my knowledge. I fully understand that PHILTOA reserves the right to conduct discreet inquiries in relation to this application and that any false information given above can be ground for rejection of our application. |
| _____ |
| Signature over Printed Name |
| _____ |
| Designation |
| _____ |
| Date Accomplished |

You may address your correspondence as well as your queries and concerns to:

PHILTOA SECRETARIAT OFFICE
 Unit 1806 18/F Cityland 10 Tower 1 HV dela Costa st., Salcedo Village Makati City
 Tel. # (02) 812-4513 Telefax # (02) 817-4608
 E-mail: philtoagroup@yahoo.com
 Website: www.philtoa.org

| FOR PHILTOA USE ONLY | | |
|----------------------|---------------------|---------------------|
| Processed By: | Assessed By: | Approved By: |
| | | |
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