



# AFFILIATE MEMBERSHIP APPLICATION FORM

### Company Information

Company \_\_\_\_\_ Acronym \_\_\_\_\_

Address \_\_\_\_\_

Town/City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Factory Address (if different from office address) \_\_\_\_\_

Town/City/Zip \_\_\_\_\_

Company E-mail \_\_\_\_\_ Website \_\_\_\_\_

Year Established \_\_\_\_\_ Capitalization \_\_\_\_\_

BOI Reg. No. \_\_\_\_\_ PEZA Reg. No. \_\_\_\_\_ DECS Reg. No. \_\_\_\_\_ SEC Reg. No. \_\_\_\_\_

Ownership: / / Private / / Private

/ / Filipino / / Foreign (Nationality) \_\_\_\_\_

/ / Joint Venture (% Interest by Nationality) \_\_\_\_\_

### Parent Company Information

Company \_\_\_\_\_ Acronym \_\_\_\_\_

City/Country \_\_\_\_\_ Website \_\_\_\_\_

Total Land Area \_\_\_\_\_ Production Floor Area \_\_\_\_\_

Building / / Owned / / Leased

Total No. of Employees \_\_\_\_\_

Regular Employees \_\_\_\_\_ Contractuals \_\_\_\_\_ Top Management \_\_\_\_\_

Expatriates \_\_\_\_\_ Engineers \_\_\_\_\_ Technical Workers \_\_\_\_\_

Administrative Staff \_\_\_\_\_ Direct Labor \_\_\_\_\_ Indirect Labor \_\_\_\_\_

Unionized? / / Yes / / No

If yes, pls. give name of union/federation: \_\_\_\_\_

### SEIPI Membership Dues

An initial joining fee of P5,000 is required. An affiliate membership fee is set at P15,000.

For Educational Institutions, Membership Dues are waived.

### Please indicate all categories below that describe your company:

/ / Educational Institution

/ / Non-stock, non-profit trade organization

/ / Consultancy

### Your company's reason for joining SEIPI:

/ / Networking Opportunities (SEIPI Activities)

/ / Benchmarking

/ / Industry Conferences/For a

/ / Access to Industry Statistics/Information

/ / Technology Updates

/ / Technical Training & Education

/ / Policy Advocacy

/ / Take advantage of SEIPI Facilities & Programs

/ / Government Lobbying

/ / Customs Regulations

/ / Export Controls

/ / Tax Issues

/ / Environmental Issues

/ / Labor Issues



**Give name and title of executive responsible for given functional areas:**

	<b>Name</b>	<b>E-mail Address</b>
Chairman	_____	_____
CEO/President	_____	_____
COO	_____	_____
CFO/Finance	_____	_____
Human Resources	_____	_____
Manufacturing	_____	_____
Engineering	_____	_____
Quality	_____	_____
Public Affairs	_____	_____
Marketing	_____	_____
Purchasing	_____	_____
Accounting	_____	_____
Customs/Shipping	_____	_____
Environment/Safety	_____	_____
IT	_____	_____
R&D	_____	_____
Corporate Dev't.	_____	_____
PR	_____	_____
Communications	_____	_____

**Membership Contract**

Whereby the Applicant agrees that:

**Article 1:**

Membership in SEIPI shall be limited to corporate members (as amended on 15 September 1998).

**Article 2:**

Membership shall be recommended by SEIPI's Membership Committee after evaluation considering the following criteria among others:

1. Willingness to abide by and support the provisions of the "Articles of Incorporation and By-laws;
2. Approval by a vote of majority of the Membership Committee constituting a quorum in either a regular or special meeting;
3. Meets other criteria as approved by the Membership Committee

**Article 3:**

Membership may be lost or terminated by:

1. Failure to pay the membership dues or any approved special assessments within thirty (30) days from written demand by the Treasurer or the Executive Director. The written demand must be approved by the president or chairman before it is sent to the member;
2. Expulsion due to any cause by a vote of two-thirds (2/3) of the entire membership of the Board during a regular or special Board meeting.
3. Voluntary withdrawal by a member upon sixty (60) days prior written notice; but unpaid dues or assessment must be settled first before clearance is issued.

**Article 4:**

Separation of Representative from employment for any reason whatsoever shall automatically disqualify such representative from acting on behalf of the member provided however that each member undertakes to formally inform the SEIPI in writing of such separation within 48 hours from knowledge thereof.

Completed by \_\_\_\_\_ Designation \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Date Submitted \_\_\_\_\_ Signature \_\_\_\_\_