

Membership Information Sheet



To ensure correct and efficient communication with your company, please provide updated information as follows.

Official Company Name _____

Trading Name (if applicable) _____

Tax Identification Number _____

Nature of Business

_____	Manufacturer	_____	Logistics Products
_____	Logistics Services	_____	Distributor
_____	Trader	_____	Retailer
_____	Others (please specify) _____		

Line of Business (per BIR 2303) _____

Company Address _____

Company Trunk Line _____

Official Representative _____

Position _____

Department/Division _____

Work Site Address (if applicable) _____

Telephone/Mobile _____

Email Address _____

Birthdate (mm/dd/yy) _____

Alternate Representative _____

Position _____

Department/Division _____

Work Site Address (if applicable) _____

Telephone/Mobile _____

Email Address _____

Birthdate (mm/dd/yy) _____

**Immediate Superior of
Official Representative** _____

Position _____

Email Address _____

Supply Chain Head _____

Email Address _____

Company President _____

Email Address _____

Marketing Contact (optional)

Email Address

Finance Contact (optional)

Email Address

HR Contact (optional)

Email Address

BILLING DETAILS

Billing Contact

Position

Mailing Address

Telephone/Mobile

Email Address

Other Special Instructions

PAYMENT DETAILS

Preferred Method

_____ **Bank deposit:** All payments to be deposited to BPI account 3561-0011-02, with validated deposit slip to be emailed to secretariat@scmap.org

_____ **Payment delivery:** Company representative to hand-deliver payment to SCMAP offices on weekdays during office hours

Other Special Instructions

Please accomplish and submit this form every time there are changes in the information provided.

Prepared by

Signature / Date
