Individual Membership Application Form



PERSONAL	_ INFORMATION		
Name (Last, F	First, MI)		
Birthdate (mr	m/dd/yy)		
Address			
			
Telephone			
Mobile Phor	ne		
Email			
Tax Identific	ation Number		
PROFESSIO	ONAL EXPERIENCE		
Please include a	ll work, teaching, or consulting experience. Yo		
Year	Company	Position	

EDUCATIONAL EXPERIENCE

Please include details for tertiary education and higher only. You may use a separate sheet if needed. Year Institution **Degree** PROFESSIONAL AND OTHER AFFILIATIONS You may use a separate sheet if needed. Organization Position Year

By submitting this application for individual membership to the **Supply Chain Management Association of the Philippines**, I hereby:

- 1. Commit to interact and participate in the organization's activities and initiatives to the best of my capabilities;
- 2. Authorize the association to represent myself with government and other private institutions, for the purpose of advocating the interest of the common cause of supply chain management practitioners, protecting the interests of corporate and individual members;
- 3. Acknowledge that my membership is continuous until we provide a written notice of my intention to resign;
- 4. Commit to promptly settle my financial obligations, including but not limited to membership dues, annual dues and event fees, which are necessary to support the day-to-day operations of the organization; and
- 5. Certify that all information provided herewith are true and correct to the best of my knowledge, and that I authorize the organization to verify the correctness of this data, with the understanding that deliberate falsification of the following information may be grounds for termination.

Signature of Applicant	Date of Application