



MEMBERSHIP APPLICATION FORM

Company: _____ President: _____

Head Office Address: _____

Telephone: _____ Fax: _____ Email: _____

Latest Annual Revenue (P millions) _____ Latest Annual Volume of Items Sold _____

Year: _____ Units : [] Tons [] TEU [] Currency [] Others (please specify) _____

INFORMATION ON SUPPLY CHAIN MANAGEMENT FUNCTIONS OR SERVICE

Nature of Business: Please check and underline category.

- Manufacturer (fast moving consumer goods, food & beverage, chemicals, pharma, construction, packaging, petroleum, others _____)
- Logistics Products (software, technology, pallets, racks, equipment, others _____)
- Logistics Services (trucking, warehousing, total logistics, others _____)
- Distributor [] Trader [] Retailer [] Others (please specify) _____

What products? [] Finished goods [] Raw materials [] Equipment. [] Software [] Others (please specify) _____

Describe further _____

Who owns these items? [] Our company [] Our clients [] Others (please specify) _____

If you own the items, where do these items come from? [] Own local manufacture [] Local purchase [] Imported

What services? [] Trucking [] Warehousing [] Total Logistics [] Others (please specify) _____

Describe further _____

Whose physical facilities do you use in operations?

- | | | | |
|------------------------------|---|--|---|
| Plant | <input type="checkbox"/> Own facilities | <input type="checkbox"/> Rented facilities | <input type="checkbox"/> 3rd party service provider |
| Retail Store | <input type="checkbox"/> Own facilities | <input type="checkbox"/> Rented facilities | <input type="checkbox"/> 3rd party service provider |
| Warehousing | <input type="checkbox"/> Own facilities | <input type="checkbox"/> Rented facilities | <input type="checkbox"/> 3rd party service provider |
| Transport (land / sea / air) | <input type="checkbox"/> Own facilities | <input type="checkbox"/> Rented facilities | <input type="checkbox"/> 3rd party service provider |

Geographical Scope of Your Operations Sites

Location of Your Delivery Points or Customers

- Metro Manila [] Luzon
- Visayas [] Mindanao
- Export

Location of Warehouses Used

- Metro Manila [] Luzon
- Visayas [] Mindanao

Estimated Share of Your Sources of Revenue

- | | | |
|---|-------|---|
| 1. Sale of your own products, goods, materials | _____ | % |
| 2. Sale of logistics equipment or software | _____ | |
| 3. Logistics service (check appropriate boxes) | _____ | |
| <input type="checkbox"/> Transport – Customer Deliveries | | |
| <input type="checkbox"/> Transport to Other Sites / Facilities – Trucking | | |
| <input type="checkbox"/> Transport to Other Sites / Facilities – Shipping | | |
| <input type="checkbox"/> Transport to Other Sites / Facilities – Air | | |
| <input type="checkbox"/> Transport Support Services | | |
| <input type="checkbox"/> Warehousing & Storage | | |
| <input type="checkbox"/> Packing / Re-packing / Labeling | | |
| <input type="checkbox"/> Product Assembly / Light Processing | | |
| <input type="checkbox"/> Inventory Management | | |
| <input type="checkbox"/> Distribution Planning | | |
| <input type="checkbox"/> Order Mgt / Order Taking / Order Processing | | |
| <input type="checkbox"/> Brokerage | | |
| <input type="checkbox"/> Other Logistics Service _____ | | |
| 4. Other services | _____ | |
| 5. Other Sources of Revenue _____ | _____ | |

Basis of Estimated Share of Revenue Sources (in the box to the left)

- Total revenue used (P millions) _____
- For Year ended _____

Your Supply Chain Management (SCM) Department

- Name of SCM Department _____
- No. of employees in SCM Department _____
- Job title of Section/Dept. Head _____
- Superior of Section/Dept. Head _____

TOTAL 100%
=====



REPRESENTATIVES PERSONAL RECORD

OFFICIAL REPRESENTATIVE

NAME: _____ NICKNAME: _____
BIRTHDATE: _____ (month/day/year) POSITION: _____
OFFICE ADDRESS: _____
WORKSITE ADDRESS: _____
TELEPHONE: _____ CELLPHONE: _____
E-MAIL: _____
DEPARTMENT: _____ DIVISION: _____
MEMBERSHIP IN OTHER PROFESSIONAL, TRADE, CIVIC OR RELIGIOUS ORGANIZATION
Organization Association Position Held Years Covered

ALTERNATE REPRESENTATIVE

NAME: _____ NICKNAME: _____
BIRTHDATE: _____ (month/day/year) POSITION: _____
OFFICE ADDRESS: _____
WORKSITE ADDRESS: _____
TELEPHONE: _____ CELLPHONE: _____
E-MAIL: _____
DEPARTMENT: _____ DIVISION: _____
MEMBERSHIP IN OTHER PROFESSIONAL, TRADE, CIVIC OR RELIGIOUS ORGANIZATION
Organization Association Position Held Years Covered

IMMEDIATE SUPERIOR OF OFFICIAL REPRESENTATIVE

NAME: _____
POSITION: _____
OFFICE ADDRESS: _____

TELEPHONE: _____ CELLPHONE: _____
EMAIL _____
DEPARTMENT: _____ DIVISION: _____

COMPANY PRESIDENT

NAME: _____
POSITION: _____
OFFICE ADDRESS: _____

WORKSITE ADDRESS: _____
TELEPHONE: _____ CELLPHONE: _____
EMAIL _____

BILLING DETAILS

Please fill up details below on who we can contact for billing concerns:

NAME: _____
POSITION: _____
OFFICE ADDRESS: _____

TELEPHONE: _____ CELLPHONE: _____
EMAIL _____



MEMBERSHIP FEES (VAT INCLUSIVE):

Once approved, the following fees must be settled to activate your membership:

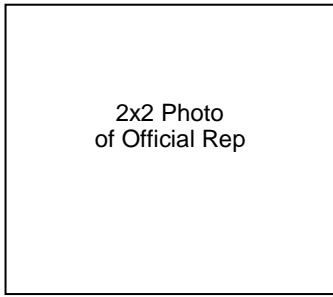
	Annual Dues	Joining Fee (New Member)
National Corporate Membership	P12,000.00	P 12,000.00
Visayas/Mindanao Chapter (New Member)	P6,200.00	P 6,200.00
Visayas Mindanao Chapter (Extension of Existing Member Co.)	P4,950.00	P 4,950.00

Annual dues for the 1st year of membership will be pro-rated based on date of Membership approval. Full amount of dues will apply on the succeeding years.

1. We the undersigned, represent and warrant that we are duly authorized to bind the company for corporate membership in SCMAP.
2. We seriously commit our representatives to interact and participate in all SCMAP activities, including surveys and committee work to the best of our capability.
3. We assure the Association that our principal objective in joining is not to market or sell our products or services to members or any activity for commercial gain.
4. **We understand that our company's membership continues until we give a written advice to the contrary.**
5. We authorize SCMAP to represent our company with the government and private organizations, for the purposes of advocating and advancing the common cause of supply chain management practitioners and protecting the interest of member companies, including but not limited to, actions on petitions for rate increase or other petitions and implementations of laws, regulations or ordinances.
6. We hereby certify that all information given herewith are true and correct to the best of our knowledge, and that we authorize SCMAP to verify the correctness of these data. We agree that, if at any time during the tenure of our membership, said information is found to be made deliberately incorrect or false, the same may be grounds for termination.

Signature of Official Representative

Date



Signature of two (2) Authorized Corporate officers

Printed Name

Printed Name

Designation

Designation

Signature

Signature

(to be printed in applicant's company letterhead)

MEMBERSHIP APPLICATION FORM

Date: _____

Gentlemen:

We are pleased to present our Application for MEMBERSHIP to the Supply Chain Management Association of the Philippines.

We are sending herewith the following requirements:

1. SCMAP Application form
2. Company Profile
3. Copy of Page 1 of SEC Registration Certificate
4. Copy of Certificate of Registration (BIR Form 2303)

We promise to abide by the Constitution and By-Laws of the Association and look forward to your favorable acceptance of this application.

Sincerely yours,

Signature over printed name of Official Rep.

Name of Company

Address

Telephone/Mobile Number