



RENEWABLE ENERGY ASSOCIATION OF THE PHILIPPINES

"Spearheading private sector initiatives towards sustainable renewable energy development"

MEMBERSHIP APPLICATION FORM

Personal Information

| | | | |
|------------------|--|-------------|--|
| Surname: | | | |
| First Name: | | | |
| Middle Initial: | | | |
| Date of Birth: | | TIN No. | |
| Company: | | Position: | |
| Landline No.: | | Mobile No.: | |
| Email Address: | | Website: | |
| Mailing Address: | | | |
| | | | |
| | | | |

Membership Information

| <u>Membership Type:</u> | | <u>Primary Sector:</u> | | <u>Secondary Sector:</u> |
|---------------------------------------|-----------------------------|--|--|--|
| <input type="checkbox"/> Associate | | <input type="checkbox"/> Solar | | <input type="checkbox"/> Solar |
| Are you the company's representative? | | <input type="checkbox"/> Hydro | | <input type="checkbox"/> Hydro |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Biomass/ Biogas | | <input type="checkbox"/> Biomass/ Biogas |
| <input type="checkbox"/> Honorary* | | <input type="checkbox"/> Wind | | <input type="checkbox"/> Wind |
| Who referred you? | | <input type="checkbox"/> Others: | | <input type="checkbox"/> Others: |
| Name: | | | | |
| Contact No. | | | | |

Relevant Professional Experience

| Position/ Title | Institution | Contact No. | Years Employed | Nature of Work |
|-----------------|-------------|-------------|----------------|----------------|
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*You may use a separate sheet of paper to elaborate

In making this application, I subscribe to and will support the objectives of the Renewable Energy Association of the Philippines, Inc. as set forth in its Constitution and By-laws, and I affirm that the statements made in this application correctly represent my qualifications and understand that if they do not, my affiliation may be voided.

Date: _____ Signature over printed name _____

To be filled - out by Authorized Personnel

| | | |
|--------------------------------------|------------------------|------------------|
| Status: | | |
| <input type="checkbox"/> Approved | Member Category: _____ | Date: _____ |
| <input type="checkbox"/> Disapproved | | Signature: _____ |