



MEMBERSHIP FORM

DATE OF APPLICATION: _____

☐ NEW COMPANY MEMBER ☐ UPDATE ☐ ADDITIONAL ☐ ALTERNATE OF _____
☐ REPLACEMENT OF _____

I. CORPORATE INFORMATION			
COMPANY NAME		NATURE OF BUSINESS / INDUSTRY:	
COMPANY ADDRESS		VAT REGISTERED: <input type="checkbox"/> Yes <input type="checkbox"/> No	PEZA ACCREDITED: <input type="checkbox"/> Yes <input type="checkbox"/> No
		TELEPHONE NO.	COMPANY TIN NO.
II. PRIMARY REPRESENTATIVE PERSONAL INFORMATION			
SURNAME	FIRSTNAME	MIDDLE NAME	NICKNAME
COMPANY POSITION / DESIGNATION	DIVISION / DEPARTMENT	OFFICE TELEPHONE NO.	EMAIL ADDRESS
BIRTHDATE (MONTH/DATE/YEAR)	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MOBILE NUMBER	
HOME ADDRESS.		EDUCATIONAL ATTAINMENT	
ITIP INTEREST GROUPS TO JOIN: <input type="checkbox"/> SECURITY AND INFRA <input type="checkbox"/> CLOUD TECHNOLOGIES <input type="checkbox"/> DIGITAL TRANSFORMATION			
BRIEF JOB DESCRIPTION OF I.T. FUNCTION:		INTERESTS: <input type="checkbox"/> GOLF <input type="checkbox"/> BOWLING <input type="checkbox"/> BADMINTON <input type="checkbox"/> OTHERS _____	
IF ACCEPTED I HEREBY ABIDE WITH THE REQUIREMENTS OF THE BY-LAWS AND ALL REGULATIONS ADOPTED BY THE ASSOCIATION WITH FULL KNOWLEDGE AND RESPONSIBILITY IMPOSED ON ME			
_____ NAME AND SIGNATURE		_____ DATE	
III. CORPORATE ENDORSEMENT (CIO / IT HEAD)			
I hereby endorse for acceptance the application for membership to IT Interaction Philippines of our company the above named primary representative who performs IT functions under our IT Organization.			
_____ NAME AND SIGNATURE		_____ DESIGNATION	_____ DATE
IV. ITIP APPROVAL			
_____ MEMBER OF THE BOARD (MEMBERSHIP)		_____ DATE	
_____ PRESIDENT		_____ DATE	

KINDLY SUBMIT THE ACCOMPLISHED MEMBERSHIP FORM TOGETHER WITH COMPANY PROFILE & IT ORGANIZATIONAL CHART.

NOTE: PHP 6,000.00 EACH FOR THE MEMBERSHIP FEE. MAXIMUM OF 6 MEMBERS PER COMPANY