



EMPLOYERS CONFEDERATION OF THE PHILIPPINES MEMBERSHIP APPLICATION FORM

Date _____

Board of Governors
Employers Confederation of the Philippines (ECOP)
3rd Flr. ECC Bldg.
355 Sen. Gil Puyat Ave. Extn.
Makati City

Gentlemen:

The undersigned hereby applies for:

(Please check)

	<u>Entrance Fee</u>	<u>Annual Dues</u>	<u>Training Plus (optional)</u>
() Regular	P2,500.00	P10,000.00	2,400.00
() Sustaining	P2,500.00	P 10,000.00	2,400.00
() Affiliate	P 500.00	P 2,000.00	2,400.00

Entrance fee (one-time payment only): P2,500.00

If admitted, the undersigned undertakes to abide by the by-laws, rules and resolutions of the ECOP

attached 2x2 picture of
registered
representative here

attached 2x2 picture of
alternate
representative here

Name of Company

Name and Signature of Authorized Representative

Name and Signature of Alternate Representative

INFORMATION SHEET

(Please fill-up carefully and completely)

NAME OF COMPANY/ASSOCIATION _____

ADDRESS _____

TEL. NOS. _____ FAX _____

GENERAL EMAIL ADDRESS: _____

WEBSITE: _____

INDUSTRY TYPE/LINE OF BUSINESS _____
PRODUCTS/SERVICES _____
SEC REGISTRATION NO. _____

COMPANY/ASSN. REPRESENTATIVES TO ECOP

Registered Representative:

NAME: _____

POSITION: _____

EMAIL: _____

Alternate Representative:

NAME: _____

POSITION: _____

EMAIL: _____

PRINCIPAL OFFICERS

Chairman: _____

President: _____

VP/Director/Manager for:

Industrial Relations _____

Public Relations _____

Training Director/Manager _____

Others: (please specify) _____

CAPITALIZATION		<i>Current year</i>	<i>Previous year</i>
<input type="checkbox"/> below 3 million	Capital-Authorized	_____	_____
<input type="checkbox"/> 3M to 15M	Capital-Subscribed	_____	_____
<input type="checkbox"/> 15M to 100M	Capital-Paid Up	_____	_____
<input type="checkbox"/> over 100M	Gross Revenues	_____	_____
	Total Payroll Cost	_____	_____

SIZE OF EMPLOYMENT		Male	Female
<input type="checkbox"/> less than 10 employees	Managerial	_____	_____
<input type="checkbox"/> 10 to 99 employees	Supervisor:	_____	_____
<input type="checkbox"/> 100 to 199 employees	Rank-and-File	_____	_____
<input type="checkbox"/> more than 200 employees	Other _____	_____	_____

UNIONIZED ☐ Yes ☐ No

NO. OF UNION MEMBERS: Supervisory Rank-and-File Other _____

Male _____ _____ _____

Female _____ _____ _____

COLLECTIVE BARGAINING AGREEMENT

☐ Yes ☐ None ☐ Under negotiation

CBA's INCLUSIVE DATE OF EFFECTIVITY: _____

AFFILIATION WITH NATIONAL CENTER

☐ TUCP ☐ FFW ☐ KMU ☐ None ☐ Others (pls. specify_____)

FOR ASSOCIATION MEMBERS:

No. of company-members _____ No. of workers covered _____

EQUITY OWNERSHIP (%)

Filipino: _____ Foreign (pls. specify) _____

MEMBERSHIP IN OTHER BUSINESS ORGANIZATION

☐ PCCI ☐ PMAP ☐ foreign chamber ☐ local chamber

☐ Others – industry/sectoral association (please specify_____)

REASONS FOR JOINING ECOP:

- ☐ Members' General Meeting (MGM)/networking
- ☐ National Conference of Employers (NCE)
- ☐ KAPATID Awards
- ☐ advocacy/lobbying
- ☐ labor statistics
- ☐ research/surveys(CCS, CBA Report, Guidebook for Effective Employers)
- ☐ publications/newsletter
- ☐ trainings
- ☐ other _____

SPONSORSHIP:

Recruiter: ☐ ECOP Board/Officer _____

☐ Members' General Meeting (MGM)

☐ Membership Department/ECOP Secretariat

☐ Membership Committee

Send back this form to ECOP Secretariat c/o Lani Rivera through email membership@ecop.org.ph or fax no. 8958576