



**Employers Confederation
of the Philippines**

MEMBERSHIP APPLICATION FORM

Date: _____

Board of Governors
Employers Confederation of the Philippines
3rd Flr. ECC Building., 355 Sen. Gil Puyat Ave. Extn.,
Makati City

Gentlemen:

The undersigned hereby applies for:

(Please check)

Regular *(association)*

Sustaining *(corporate)*

(200 or more employees)

(100 to 199 employees)

(20 to 99 employees)

(1 to 99 employees)

Affiliate

Entrance Fee

P2,500.00

P2,500.00

P 500.00

Annual Dues

P20,000.00

P20,000.00

P15,000.00

P12,000.00

P10,000.00

P10,000.00

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

attach 2x2 picture of
registred
representative here

attach 2x2 picture of
alternate
representative here

Name & Signature of Authorized Representative

Name & Signature of Alternate Representative

Name of Company

INFORMATION SHEET

(Please fill-up carefully and completely)

Name of Company/Association: _____
 Address: _____
 Tel. Nos.: _____ Fax: _____
 General Email Address: _____ Website: _____

COMPANY/ASSN. REPRESENTATIVES TO ECOP

Registered Representative	Alternate Representative
Name: _____	Name: _____
Position: _____	Position: _____
Email: _____	Email: _____

PRINCIPAL OFFICERS

Chairman: _____	President: _____
VP/ Director/ Manager for:	
Industrial Relations: _____	Training Director/Manager: _____
Public Relations: _____	Other: (please specify): _____

CAPITALIZATION	SIZE OF EMPLOYMENT																																		
<input type="checkbox"/> below 3 million <input type="checkbox"/> 15M to 100M <input type="checkbox"/> 3M to 15M <input type="checkbox"/> over 100M	<input type="checkbox"/> less than 10 employees <input type="checkbox"/> 10 to 99 employees	<input type="checkbox"/> 100 to 199 employees <input type="checkbox"/> more than 200 employees																																	
<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Current Year</td> <td style="text-align: center;">Previous Year</td> </tr> <tr> <td>Capital-Authorized</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Capital-Subscribed</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Capital-Paid Up</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Gross Revenues</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Total Payroll Cost</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Current Year	Previous Year	Capital-Authorized	_____	_____	Capital-Subscribed	_____	_____	Capital-Paid Up	_____	_____	Gross Revenues	_____	_____	Total Payroll Cost	_____	_____	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Male</td> <td style="text-align: center;">Female</td> </tr> <tr> <td>Managerial</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Supervisor</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Rank-and-File</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Male	Female	Managerial	_____	_____	Supervisor	_____	_____	Rank-and-File	_____	_____	Other: _____	_____	_____	
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Other: _____	_____	_____																																	

- Unionized? Yes No
- No. of union members:

Supervisory	Rank-and-File	Other: _____
Male _____	_____	_____
Female _____	_____	_____
- Collective Bargaining Agreement

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Under negotiation
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- CBA inclusive date of effectivity: _____
- Affiliation with National Center

<input type="checkbox"/> TUCP	<input type="checkbox"/> FFW	<input type="checkbox"/> KMU	<input type="checkbox"/> None	Other: _____
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- For Association Members:

No. of company members: __	No. of workers covered: __
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- Equity Ownership (%)

Filipino: _____	Foreign (pls. specify) _____
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- Membership in other business organization:

<input type="checkbox"/> PCCI	<input type="checkbox"/> PMAP	<input type="checkbox"/> Foreign chamber	<input type="checkbox"/> Local chamber
<input type="checkbox"/> Others —industry/sectoral association (pls. specify) _____			
- Reason for joining ECOP:

<input type="checkbox"/> Networking
<input type="checkbox"/> National Conference of Employers (NCE)
<input type="checkbox"/> KAPATID Awards
<input type="checkbox"/> Advocacy/Lobbying
<input type="checkbox"/> Labor Statistics
<input type="checkbox"/> Research/Surveys (Compensation Survey, CBA Reports)
<input type="checkbox"/> Trainings/Workshops, GMMs, Executive Labor Updates
<input type="checkbox"/> Infonotes, website
Other: _____
- Sponsor: _____

Send back this form to ECOP Membership Department
 through email membership@ecop.org.ph or fax no. 895-8576