OCCP Form No. 1A-1

APPLICATION FOR MEMBERSHIP

Please fill - up the following information:

A. Please state application category: Check one; [ ] Producers [ ] Processors [ ] Grower groups	
B. GENERAL INFORMATION:	
1. Name of Organization:	
2. Name of Official Representative : Positions	
3. Office Address	Telephone nos:
	Fax no:
	E-mail address:
4. Date when the organization was established:	
5. Are you registered? If yes; where are you registered? Please check:	
[ ] SEC [ ] BCOD [ ] BRW [ ] Others(specify)	
6. Your date of registration?	
7. Your registration number?	
8. How many members do you have?	
* Total Members a) Number of men -	
b) Number of women -	
9. Areas of coverage: (Provinces, municipalities, barangays)	
10. Do you have affiliate members? Please specify	