



PEOPLE MANAGEMENT ASSOCIATION OF THE PHILIPPINES

CALABARZON - Chapter

Postal Address: c/o Yazaki-Torres Manufacturing, Inc., Calamba City, Laguna

Telephone No.: (049) 502-1530 local 2356 *Fax No.:* (049) 502-6942

Email Add.: f.eblasin@yazaki-torres.com

2012 Officers and Board of Directors

President
ENGR. FIDEL W. EBLASIN JR
Yazaki-Torres Manufacturing, Inc.

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Knights of Corps Security Agency

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Daiho Philippines Inc.

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Kito Philippines, Inc.,

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Adviser
JOSE L. ESTINGOR
Fleet Express Management Network,
Inc.

Want to get discounts when you attend a GMM? Want to be able to contact more practioners in the region? Want to receive invites for all Chapter events such as GMMs, Seminars, Job Fairs, etc.? Receive copies of the Chronicle, PMAP-Calabarzon's quarterly magazine? Want to attend to the National Convention and enjoy a hassle free and discount registration

WHAT ARE YOU WAITING FOR?

Be a PMAP-CALABARZON member now!!!

It's this simple...

- 1. Fill-out an application form (at the GMM).**
- 2. Submit it to the Registration/Secretariat.**
- 3. Pay the annual membership fee to the Treasurer.**

	Corporate	Individual
New Member	P3,750.00	P2,500.00
Old Member	P2,000.00	P1,000.00

Please make all checks payable to : **PMAP CALABARZON**
BDO ACCT # 600-800-3723
BDO BANK - BRANCH STA. ROSA, SOUTH EXPRESSW

Please fax your transaction receipt to 049-502-6942

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APPLICATION FOR MEMBERSHIP

Corporate Associate Individual Referred by: _____ Date: _____

Gentlemen:

I / We hereby apply for membership (check preferred category above) in the Personnel Management Association of the Philippines (PMAP) – Calabarzon Chapter, in accordance with its Constitution and By – Laws, which I / we pledge to follow.

My / the biographical data sheets of our representative is also accomplished for your reference and guide. I / we am / are aware that my / our Membership carries financial responsibilities to the Association. I / we therefore, certify that our representative is authorized to commit and sign, on behalf of the company, any or all of the expenses among which: entrance fees, monthly membership meeting fees, annual membership dues, seminar fees, annual conference / convention fees, and membership levies; and shall honor the same.

<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px;">Regular Representative</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none; padding: 5px;">Name</td> <td style="border: none; padding: 5px;">Position / Designation</td> </tr> </table>	Regular Representative		Name	Position / Designation	Very truly yours, _____ (Name of the Co. / Organization)
Regular Representative					
Name	Position / Designation				
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px;">Alternate Representative</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none; padding: 5px;">Name</td> <td style="border: none; padding: 5px;">Position / Designation</td> </tr> </table>	Alternate Representative		Name	Position / Designation	_____ (Chief Executive Officer) _____ (Position / Designation)
Alternate Representative					
Name	Position / Designation				

GENERAL INFORMATION

SEC / DTI Reg. No. _____ Date Filed: _____ Date Founded: _____

Name of Company: _____

Address: _____ Tel No. _____

Mailing Address: _____ Fax No. _____

Workforce: Regular: _____ Non-Regular: _____ Mngr./supv.: _____ Total: _____

Paid-up Capitalization (In Calabarzon): _____ Latest gross revenue: _____

Ownership: 100% Filipino 100% Foreign (what Nationality) _____ Joint Venture Filipino _____%

Unionized? Yes No No. of union members: Rank and File: _____ Supervisory: _____ Foreign _____% Nationality _____%

If yes, name of union _____ Foreign _____% Nationality _____%

Name of federation (if affiliated): _____ Foreign _____% Nationality _____%

Board of Directors / Management Officers:

Name	Official Designation	
_____	_____	Please state your objective in joining PMAP – Calabarzon.
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

What sectoral group would you like to be classified for PMAP research studies / activities? Check one:

- | | | |
|--------------------------------|--|------------------------|
| Advertising | Metal Products / Appliances | Telecom |
| Agro-industrial | Financial Intermed / Insurance | Tobacco/Cigarette |
| Automotive and auto products | Foods and Beverages | Trading/Marketing |
| Banking | Textile and Garments | Transport/Cargo |
| Chemical and Chemical products | Hotels and Restaurants | Wood/wood Products |
| Community and Social Services | Management Services | Educational & Research |
| Construction and Real Estate | Manpower and Security Services | Paper & Paper products |
| Consumer products | Media and Entertainment | Mining/Quarrying/Loggi |
| Drugs and Pharmaceuticals | Semiconductor/Electronics/Lights/Electrical wiring | Others |

BIOGRAPHICAL DATA REPRESENTATIVE (Attach resume or use additional sheets if necessary).

Name: (Last Name)		(First name)		(Middle Name)	
Date of Birth	Place of Birth	Civil Status		Nickname	
Residence Address:					
Name of the Company:					
Company Address:					
Position:		Since When:		Length of Service in the Company:	

EMPLOYMENT RECORDS

Company	Position	Date

EDUCATION

School Attended	Degree Obtained	Date

TRAINING

Sponsor / Organization	Course Title	Date

EMPLOYMENT RECORD (Professional, Civic, Trade, Religious, Organization)

Organization	Position	Date

Please indicate your line of expertise in Personnel.

Please indicate areas where you can be in service to PMAP.

BIOLOGICAL DATA OF ALT. REPRESENTATIVE (Attach resume or use additional sheets if necessary).

Name: (Last Name)		(First Name)		(Middle Name)	
Date of Birth	Place of Birth	Civil Status		Nickname	
Residence Address:					
Name of the Company:					
Company Address:					
Position:		Since When:		Length of Service in the Company:	