



Subdivision and Housing Developers Association, Inc.

5th Floor, Kalayaan Building, Dela Rosa corner Salcedo Streets,

Legaspi Village, Makati City, 1229

Tel. Nos: (02) 8893-4328 / 8856-1554

Kindly submit this duly accomplished form to shda.secretariat@gmail.com

APPLICATION FOR REGULAR MEMBERSHIP

ABOUT THE BUSINESS

Company Name: _____

Business Address: _____

Year Established: _____ Telephone Number/s: _____

TIN Number: - - -

Nature of Business: _____

Type of Company:

Corporation

Partnership

Single Proprietorship

Project Type:

Horizontal

Vertical

Both

Low-cost

Economic

Socialized

Project Locations: _____

DIGITAL MEDIA ASSETS *(Kindly fill in if applicable)*

SOCIAL MEDIA ACCOUNTS

Facebook: _____

Instagram: _____

Twitter: _____

LinkedIn: _____

Others: _____

Website URL: _____

* CONTACT INFORMATION FOR PUBLIC INQUIRIES: *

Complete Name: _____

First Name

Middle Name

Last Name

Designation: _____

Email: _____

Tel. No/s: _____ Mobile No/s: _____

**The above details could be published publicly or shared*

OFFICIAL REPRESENTATIVE

Title: Mr. Ms. Mrs. Others

Complete Name: _____

First Name

Middle Name

Last Name

Designation: _____

Email: _____ Mobile No: _____

Signature:

ALTERNATIVE REPRESENTATIVE

Title: Mr. Ms. Mrs. Others

Complete Name: _____

First Name

Middle Name

Last Name

Designation: _____

Email: _____ Mobile No: _____

Signature:

MEMBERSHIP CATEGORY

Regular Member

Any natural or judicial person existing under the laws of the Philippines, authorized to engage primarily in the acquisition and development of residential real property in the Philippines.

REQUIREMENTS	FEES AND DUES
<ul style="list-style-type: none"> <input type="checkbox"/> Company Profile including the list of Officers <input type="checkbox"/> Proof of Registration <ul style="list-style-type: none"> <input type="checkbox"/> Copy of BDT (for single Proprietary) <input type="checkbox"/> Copy of SEC Registration (for Partnership or Corporation) <input type="checkbox"/> Development Permit for at least one Project and Certificate of LTS issued <input type="checkbox"/> Latest Audited Company Financial Statement <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Biodata of Official and Alternate Representative (Please see page 3) <input type="checkbox"/> Bank References <input type="checkbox"/> Trade References 	<ul style="list-style-type: none"> <input type="checkbox"/> P 20,000 Entrance Fee (one-time payment) <input type="checkbox"/> P 25,000 Annual Dues (payable in the succeeding year) <p>PAYMENT DETAILS (bank to bank or online transfer) Account name: SUBDIVISION AND HOUSING DEVELOPERS ASSOCIATION (SHDA) INC. Account Numbers: Banco De Oro (BDO): 0020-4013-4650 Metrobank: 607-3-60704384-2 UnionBank: 000-870029472</p> <p><i>Note: Amounts payable once the application is approved</i></p>

SPONSORING MEMBER

Name: _____
Designation: _____
Company: _____

Signature:

CERTIFICATION

I hereby agree that SHDA may use some of the Data submitted as part of the Membership Application Form in the online and print versions of our Membership Directory. This Data includes our company name, year established, company address, project locations, details on our social media assets, and contact information for public inquiries.

I also agree that SHDA will retain our Data for the period necessary to fulfill the purpose of providing membership services to us and for a reasonable period thereafter, to otherwise comply with this Privacy Policy, and/or until such time as we request its deletion, whichever occurs first.

Moreover, in my capacity as Official Representative/ Corporate Secretary of _____, I hereby certify that the information contained in this membership update form is true and correct to the best of my knowledge pertaining to our company's membership with the Subdivision and Housing Developers Association, Inc. as of this _____ day of _____, 20_____.

Signature over Printed Name

TO BE FILLED UP BY SHDA MEMBERSHIP IN-CHARGE

Application received and reviewed by: _____, _____ **Date:** _____
Name Designation

Recommended by: _____, **Membership Committee Chair** **Date:** _____
Name Designation

Approved

Disapproved/ Withhold

Date of Approval:
month day year

Reason/s of disapproval: _____

