



# 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](mailto:shda.secretariat@gmail.com)

## APPLICATION FOR AFFILIATE 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

Branch 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

**Affiliate Member**

Individuals, partnerships, or corporations involved in professional practices and businesses directly allied, related to, or that complement the business operations of Regular Members such as Architects, Engineers, Real Estate Brokers, Contractors, Suppliers, Service Providers, and Manufacturers, etc.

REQUIREMENTS	FEES AND DUES
<input type="checkbox"/> Company Profile including the list of Officers <input type="checkbox"/> Proof of Registration <ul style="list-style-type: none"> <li>a. Copy of BDT (for single Proprietary)</li> <li>b. Copy of SEC Registration (for Partnership or Corporation)</li> </ul> <input type="checkbox"/> 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"/> P 15,000 Entrance Fee (one-time payment) <input type="checkbox"/> P 25,000 Annual Dues (payable in the succeeding year)  <b>PAYMENT DETAILS (bank to bank or online transfer)</b> <b>Account name:</b> SUBDIVISION AND HOUSING DEVELOPERS ASSOCIATION (SHDA) INC. <b>Account Numbers:</b> Banco De Oro (BDO): 0020-4013-4650 Metrobank: 607-3-60704384-2 UnionBank: 000-870029472  <i>Note: Amounts payable once the application is approved</i>

## 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:** \_\_\_\_\_

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## BIODATA OF THE COMPANY'S REPRESENTATIVE

Official

Alternative Representative

Company Name: \_\_\_\_\_

### PERSONAL INFORMATION

Complete Name: \_\_\_\_\_  
First Name Middle Name Last Name

Email: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Date of Birth:       Place of Birth: \_\_\_\_\_  
month date year

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Civil Status: \_\_\_\_\_

Name of Spouse (if married): \_\_\_\_\_

Sports/hobbies: \_\_\_\_\_

2 x 2  
photo

### EDUCATIONAL ATTAINMENT

	School	Course	Year Graduated
Undergraduate			
Graduate			
Postgraduate			
Professional or Doctorate			

### EMPLOYMENT RECORD (in the recent 5 years)

Company	Designation	From	To

### AFFILIATIONS AND OTHER MEMBERSHIPS

1.
2.
3.
4.
5.

**Notice:** SHDA uses the information stored in the database primarily for managing its Membership activities, dissemination of events, new product/ services offerings from its sponsors/affiliates/partners, and similar activities developed by SHDA for the benefit of its members. No other person, other than SHDA's Board of Directors and employees is authorized to access your information held in SHDA's database. Moreover, all persons who can access the information are required to maintain confidentiality and comply with privacy laws.

### CERTIFICATION

I hereby apply for membership and accept the terms of the SHDA; and I who's named herein hereby consent to the collection, processing, and use of my/our personal data by the SHDA pursuant to this SHDA Privacy Notice and Policy and acknowledge that I/we have read, understood, and agreed to said Notice and Policy.

\_\_\_\_\_  
Signature over Printed Name