



**PHILIPPINE COUNCIL FOR AGRICULTURE AND FISHERIES
NATIONAL SECTORAL AND STRATEGIC
CONCERNS COMMITTEE**

MEMBERSHIP APPLICATION FORM

Please fill in all applicable spaces. Mark all appropriate boxes with "✓"

A. ORGANIZATIONAL INFORMATION

1. Name of Organization: _____
2. Address: _____
3. Contact No.: _____ Email Address/Website: _____
4. Date Organized: _____ No. of Members: _____
5. Registration (Check appropriate box): SEC CDA Others (Specify): _____
6. Registration No. (If any): _____ Registry Date: _____
7. Sector Represented: _____

B. PRESENT INVOLVEMENT IN OTHER ORGANIZATIONS (Business, Civic, NGO, PO, Cooperative, Academe, Religious, etc.):

Name	Position

A.

How did you know about the National Sectoral and Strategic Concerns Committee?

- Friends Neighbors Family
- PCAF Website Invitation from an NSSCC member
- Others _____

Why does your organization want to become a member of NSSCC?

- To be involved in DA-PCAF activities
- Participate/advocate in crafting policy recommendations
- Updates on agricultural and fishery issues and concerns
- Access to government support/projects
- Access to first-hand information about the industry
- Others (Specify): _____
- _____

What benefits do you expect to gain from joining the NSSCC? (For applicant representing an organization only)

(Specify): _____

Please submit the following documents:

1. Copy of Registration Certificate with any of the following agency: SEC/DOLE/CDA;
2. Organizational Profile;
3. Board of Directors' Resolution for Authorized Representatives and Alternates; and
4. Curriculum Vitae (CV) of Representative and Alternate.

C. PERSONAL INFORMATION

PRINCIPAL REPRESENTATIVE

1. Name: _____
(Last Name) (First Name) (Middle Name)
2. Nickname: _____ Sex _____ Civil Status _____ Citizenship _____
3. Date of Birth: _____ Place of Birth: _____
4. Height (m): _____ Weight (kg): _____ Blood Type: _____ TIN: _____
5. Residential Address: _____
6. Telephone No.: _____ Fax No.: _____
Mobile No.: _____ E-mail: _____
7. Highest Educational Attainment: _____

ALTERNATE REPRESENTATIVE

1. Name: _____
(Last Name) (First Name) (Middle Name)
2. Nickname: _____ Sex _____ Civil Status _____ Citizenship _____
3. Date of Birth: _____ Place of Birth: _____
4. Height (m): _____ Weight (kg): _____ Blood Type: _____ TIN: _____
5. Residential Address: _____
6. Telephone No.: _____ Fax No.: _____
Mobile No.: _____ E-mail: _____
7. Highest Educational Attainment: _____

Signature of Primary Representative

Date

Signature of Alternate Representative

Date