

APPLICATION FORM
ACCREDITATION

PRIVACY NOTICE: The Department of Labor and Employment (DOLE) respects your right to privacy. We collect or generate your personal information, including but not limited to name, address, contact number, employer or organization you are representing, email address, mobile number and other personal data necessary to facilitate your application. By filing a duly accomplished form, you are agreeing to the collection, processing and sharing of the collected information consistent with existing laws, rules and regulations.

Applicant Organization: _____
Office Address: _____
Telephone Number: _____
Registration Number: _____ **Date Registered:** _____
Membership: (TOTAL) _____ **Male:** _____ **Female:** _____

A. List of Union Officers

Name	Gender		Position	Term	Address
	Male	Female			

(Use additional sheet if necessary)

B. List of Local Chapters/Affiliate/Workers Associations
(For Federation/National Union/ Workers Associations Operating in more than one region ONLY)

Name of Affiliate/Member Organizations	Company where Union/Association Operates		Total Number of Members		
	Name	Address	Total	Male	Female
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

(Use additional sheet if necessary)

 Signature over printed name of
 President