

ANNEX "A"

**Application Form  
for National/Regional/Local Disaster Risk Reduction and Management Council  
Membership**

Name of CSO or Private Sector: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Contact Number: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Date Organized: \_\_\_\_\_ Date Registered/Accredited: \_\_\_\_\_

Registering or Accrediting Agency:

- ☐ Securities and Exchange Commission
- ☐ Cooperatives Development Authority
- ☐ Department of Labor and Employment
- ☐ Department of Social Welfare and Development
- ☐ Others: (Please specify) \_\_\_\_\_

Category:

- ☐ Academe or Independent Research Institute
- ☐ Faith-based Organization
- ☐ NGO or Peoples Organization
- ☐ Professional Organization, foundation, or Community-based organization
- ☐ Private Sector

DRRM-CCA Expertise:

- ☐ Policy Review/Formulation
- ☐ Capacity Building
- ☐ Information and Advocacy
- ☐ Community Organizing
- ☐ Disaster Response
- ☐ Monitoring and Evaluation
- ☐ Others: (Please specify) \_\_\_\_\_

Names of Officers and Members of its Board of Directors:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Has your organization participated in any election as party-list representatives to Philippine Congress? ☐ Yes ☐ No

Has your organization/sector or any of its officers been proven in court to have engaged in aiding, providing support, promoting, and financing, among others, terrorism as defined in RA 10168 otherwise known as "The Terrorism Financing Prevention and Suppression Act" as well as in RA 11479 or "The Anti-Terrorism Act of 2020"? ☐ Yes ☐ No

Name/s of DRRM Council Endorser/s: \_\_\_\_\_

DRRM Council intending to apply as Member:

National ☐ Regional ☐ Local ☐

Previous DRRM Projects (May use separate sheet)

Project & Year of Implementation	Partner Agency/Org	Cost	Beneficiaries	Status

List of Members: (Use separate sheet)

List of Member Organizations (For Networks):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

We \_\_\_\_\_, hereby declare that the foregoing answers to the questions in this application for membership in the National/Regional/Local Disaster Risk Reduction and Management Council are true and correct to the best of our knowledge and belief; that we have not knowingly made any false, misleading, or fraudulent statement; and that we understand that any false, misleading, or fraudulent statement knowingly made by us shall be sufficient cause for the cancellation of our membership application.

\_\_\_\_\_  
Signature over printed name of Secretary

\_\_\_\_\_  
Signature over printed name of President