

UNION PROFILE UPDATE FORM

Name of Union:

Official Address:

President:

Date of Assumption of Office:

Date of Expiration of Term of Office:

CONTACT INFO:

Phone No.: _____ **Fax No.:** _____ **Email Add.:** _____

Cellphone No: **Globe:** _____ **Smart:** _____ **Sun:** _____

Name of Agency

Region:

Sector: __NGA __LGU __GOCC __SUC

Address:

Agency Head:

Designation:

If affiliated to a National Confederation, Please state name:

Registered? ___Yes **Registration No.:** _____ ___No

Date of Registration: _____

Accredited? ___Yes **Accreditation No.:** _____ ___No

Date of Accreditation: _____

With Existing CNA? ___Yes **Registration No.:** _____ ___No

Date of Expiration: _____

PROFILE OF MEMBERS:

Total No. of Board of Directors: _____ **Male** _____ **Female** _____

Total No. of Officers: _____ **Male** _____ **Female** _____

Total No. of Members (Incl. Officers and BODs) _____ **Male** _____ **Female** _____