

AAP MEMBERSHIP PLUS APPLICATION FORM (CORPORATE MEMBERSHIP PLUS)

PERSONAL INFORMATION			
<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS.	LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH M/D/YR		BIRTHPLACE	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CIVIL STATUS	AGE
CITIZENSHIP		OCCUPATION	
CONTACT INFORMATION			
HOME ADDRESS			
COMPANY NAME			
COMPANY ADDRESS			
HOME NO.	COMPANY NO.	FAX NO.	
MOBILE NO.		EMAIL ADDRESS	
PAYMENT MODE			
PAID Php _____ <input type="checkbox"/> CASH PAYMENT <input type="checkbox"/> CREDIT CARD			
<input type="checkbox"/> BPI's CHECK FREE PAYMENTS Visit www.bpiexpressonline.com or call 89-100			
<input type="checkbox"/> PAY THROUGH BANCO DE ORO (INSTITUTION CODE # 0136) Upon teller's validation, BDO payment slip serves as your official receipt			
<input type="checkbox"/> CHECK PAYMENTS (Payable to Automobile Association of the Philippines, Inc.) DATE _____ BANK _____ ACCOUNT NO. _____			
<input type="checkbox"/> CEBUANA LHULLIER PAYMENT Sender's Name: YOUR NAME Receiver's Name: AUTOMOBILE ASSOCIATION OF THE PHILIPPINES INC. Transaction Type: COLLECTION Amount: Php 0.00 (AMOUNT TO BE PAID) Reference No.: REFERENCE NO. FROM AAP (Renewal: Your AAP Member's Code ; New Membership: Ref. No. online) Note: Email the image of the payment slip to info@aap.org.ph			

*Submit one (1) government -issued identification card

DATE

APPLICANT'S SIGNATURE

FOR AAP USE ONLY	
SOURCE: <input type="checkbox"/> REG <input type="checkbox"/> ERS <input type="checkbox"/> RDL <input type="checkbox"/> PIDP	<input type="checkbox"/> SALES
BRANCH _____	OTHERS _____
AAP I.D. NO. _____	AMOUNT PAID _____
INSURANCE NO. _____	O.R. NO. _____