

AAP MEMBERSHIP PLUS APPLICATION FORM (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				
REGISTERED CAR						
MAKE/MODEL		YEAR	COLOR	<input type="checkbox"/> PLATE NO.	<input type="checkbox"/> CONDUCTION STICKER NO.	FUEL TYPE
						GAS DIESEL
<i>NOTE: Brand new private and non-commercial vehicles only (excluding taxis or for-hire vehicles)</i>						
MEMBERSHIP PLUS CATEGORY						
<input type="checkbox"/> THROUGH CAR DEALER <input type="checkbox"/> THROUGH BANK / AUTO LOAN		CAR DEALER / BANK NAME				
<i>*Submit photocopy of the car registration (O.R and C.R)</i>						
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 LHUILLIER 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						

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. _____