

AAP MEMBERSHIP APPLICATION FORM

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 CARS						
CAR	MAKE/MODEL	YEAR	COLOR	<input type="checkbox"/> PLATE NO.	<input type="checkbox"/> CONDUCTION STICKER NO.	FUEL TYPE
1 st						<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL
2 nd						<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL
<i>NOTE: Private, light and non-commercial vehicles only</i>						
MEMBERSHIP CATEGORIES						
<input type="checkbox"/> REGULAR		<input type="checkbox"/> ASSOCIATE INDIVIDUAL		<input type="checkbox"/> MOTORSPORTS		
<input type="checkbox"/> 3-YEAR REGULAR		<input type="checkbox"/> 3-YEAR ASSOCIATE INDIVIDUAL				
<input type="checkbox"/> PIDP		<input type="checkbox"/> ASSOCIATE GROUP		NO. OF CARS _____		
<small>*Submit photocopy of the car registration (O.R and C.R)</small>						
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 receiptt						
<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.	_____