

AAP MEMBERSHIP APPLICATION FORM

(MOTORCYCLE 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 MOTORCYCLE				
MAKE/MODEL	YEAR	COLOR	<input type="checkbox"/> PLATE NO.	<input type="checkbox"/> CONDUCTION STICKER NO.

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	

DATE

APPLICANT'S SIGNATURE

FOR AAP USE ONLY	
BRANCH _____	OTHERS _____
AAP I.D. NO. _____	AMOUNT PAID _____
INSURANCE NO. _____	O.R. NO. _____