

AAP MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION						
<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS.		LAST NAME		FIRST NAME		MIDDLE NAME
BIRTHDATE			BIRTHPLACE			
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CIVIL STATUS		AGE		
CITIZENSHIP			OCCUPATION			
CONTACT INFORMATION						
HOME ADDRESS						
COMPANY NAME						
ADDRESS						
HOME PHONE		COMPANY PHONE		FAX NO.		
CELL PHONE			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"/> 3-YEAR REGULAR <input type="checkbox"/> PIDP		<input type="checkbox"/> ASSOCIATE INDIVIDUAL <input type="checkbox"/> 3-YEAR ASSOCIATE INDIVIDUAL <input type="checkbox"/> ASSOCIATE GROUP		<input type="checkbox"/> MOTORSPOITS 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"/> BANCNET ONLINE PAYMENT (For Online Applications Only)						

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