

**YKL Privilege Card
APPLICATION FORM DATA**

Branch: _____ Card No.: _____

Complete Name: _____

Membership Status: New Renewal

Address: _____

Birthdate (mm/dd/yy): ____ / ____ / ____

Home Tel. No.: _____ Mobile No.: _____

Company Name: _____

Office Address: _____

Office Tel. No.: _____ FAX No.: _____

- Studio Owner Photographer/Media
- Camera Club Member _____
- Others (*specify*) _____

Email / Facebook: _____

Others: (Twitter / Multiply) _____

This is to certify that the above information is true and correct and that I conform to the stated terms and conditions.

Signature over printed name / Date

Office Use Only

Date of Application (mm/dd/yy): ____ / ____ / ____

Card No.: _____ Type of Card: 1 2

Complete Name: _____

Invoice No: _____ Amount: P _____

Processed by: _____

Checked and verified by: _____

Comment/s: _____
