



MEMBERSHIP INFORMATION SHEET

PERSONAL INFORMATION

FULL NAME	First	Middle	Surname	NICKNAME	
HOME ADDRESS				BIRTHDATE	BIRTHPLACE
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er			LANGUAGES	RELIGION
BUSINESS NAME					
BUSINESS ADDRESS					
PRC LICENSE NO.	Expiration Date:				
HLURB LICENSE NO.	Expiration Date:				
CONTACT DETAILS	Mobile:	Landline:			
	Email:	Website:			
T.I.N. (Individual):	BIR Registration: <input type="checkbox"/> VAT <input type="checkbox"/> NON-VAT				
Years of Experience as a Broker:					
EMERGENCY CONTACT PERSON	First	Middle	Surname	CONTACT NUMBER/S:	

ACADEMIC INFORMATION

EDUCATION	SCHOOL	COURSE	YEAR COMPLETED
POST GRADUATE			
COLLEGE			
SECONDARY			

LICENSES & CERTIFICATIONS

NAME	ISSUING ORGANIZATION	ISSUE DATE	LICENSE NUMBER

MEMBERSHIP DATA

REBAP Member Since: _____

Current Chapter: _____

Membership Kind: Regular Affiliate Honorary

CHAPTER OFFICER POSITION/S & COMMITTEE MEMBERSHIP/S

Current Year	
Last Year	
Year Before Last	

REAL ESTATE PRACTICE INFORMATION (FOCUS & PREFERENCES)

TRANSACTION TYPES <input type="checkbox"/> Sale <input type="checkbox"/> Rental/Lease <input type="checkbox"/> Project Selling	PROPERTY TYPES <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Leisure <input type="checkbox"/> Memorial <input type="checkbox"/> Others: _____
TARGET MARKET <input type="checkbox"/> High - End <input type="checkbox"/> High - Mid. <input type="checkbox"/> Middle <input type="checkbox"/> Working Class <input type="checkbox"/> Socialized	LOCATION FOCUS
OTHER REAL ESTATE SERVICES OFFERED (i.e., documentation)	

DEVELOPER ACCREDITATIONS	OTHER ORGANIZATIONS	SKILLS

AGREEMENT

I hereby declare that the above information is true and correct to the best of my knowledge, and that I am voluntarily providing such without any fraudulent or deceitful purpose whatsoever.

Attested by:

CHAPTER BOARD SECRETARY
 Signature Over Printed Name/Date

 Member's Signature Over Printed Name/Date