



PRAISE CLUBS APPLICATION FORM

TO AVOID DELAY IN PROCESSING, PLEASE ENSURE THAT ALL REQUIRED INFORMATION ABOVE IS COMPLETE. PLEASE PRINT LEGIBLY.

HOP BRANCH: _____

DATE OF APPLICATION: _____ O.R. NO./AMT: _____

HOP STAFF NAME: _____

MEMBERSHIP TYPE:

- PRAISE FAMILY CLUB
- PARTNERS FOR CHRIST

APPLICATION TYPE:

- NEW(P150.00)
- RENEWAL(P50.00)
- LOST/REPLACEMENT(P50.00)

NAME: _____
(Please PRINT LEGIBLY. Maximum of 30 characters only)

ADDRESS: _____

EMAIL ADDRESS: _____

CHURCH: _____

MOBILE NO.: _____ TELEPHONE NO.: _____

BIRTH DATE: _____ BIRTHPLACE: _____

GENDER: _____ CIVIL STATUS: _____

OCCUPATION/SCHOOL: _____

TYPE OF MUSIC YOU LISTEN TO: _____

FAVORITE ARTIST(S): _____

APPLICANT'S SIGNATURE: _____

MEMBER'S KIT CLAIM STUB

MEMBER'S NAME: _____

ID NO.: _____

RECEIVED BY: _____

(Please PRINT LEGIBLY)

DATE RECEIVED: _____

RELEASED BY: _____

(HOP STAFF NAME)

THIS SERVES AS AN ACKNOWLEDGMENT RECEIPT & MUST BE SUBMITTED TO THE HEAD OFFICE AFTER MEMBER RECEIVED HIS MEMBERSHIP KIT.

SIGN UP NOW AND AVAIL OF THESE EXCLUSIVE BENEFITS AND PRIVILEGES ONLY PRAISE CLUB MEMBERS EXPERIENCE!

* 10% DISCOUNT ON ALL REGULAR PRICED PRAISE PRODUCTS

* FREE INITIAL SAMPLER. SUCCEEDING QUARTERLY SAMPLERS FREE WITH REQUIRED MINIMUM PURCHASE

* FREE CATALOGUE SUBSCRIPTION

* INVITATIONS & TICKET DISCOUNTS TO CONCERTS & SEMINARS ORGANIZED BY PRAISE INCORPORATED

Treat yourself now to an affordable
Sound Lifestyle.

SECTION FOR INTERNAL PURPOSES ONLY

DATE RECEIVED: _____

PROCESSED BY: _____

DATE PROCESSED: _____

CARD BARCODE: _____



CLAIM STUB DATE RECEIVED (PRHO): _____

RECEIVED BY: _____

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