## Metro Rewards Registration

Please fill in the information below: items marked * are required						
*Mr Ms	Mrs	*Gender M	F	*Occupation	on	
*First Name Cell Phone +63 _ E-mail Address: _	Middle Name	*Last Name	Suffix (Jr., Sr., etc.)	Business Owner       Sales         House Wife       Student         Manufacturer, Physical Labor       Technical or Trade         Military, Security       Supervisor         Services, Retail, Hospitality       Professional, Doctor, Nurse, Accountant         Office, Admin, Government, Call Center		
*At least one method of contact is required: Cell phone or email.				Manager, Director, Senior Executive Non-working or Retired Other		
*Province				*Monthly Household Income		
*Municipality *Barangay				Lower than P3,000 P3,000 – P8,000 P8,001 – P15,000 P15,001 – P30,000 P30,001 – P50,000 P50,001 – P70,000	<ul> <li>P70,001 – P90,000</li> <li>P90,001 – P150,000</li> <li>Higher than P150,000</li> <li>Retired</li> <li>No Response</li> </ul>	
*Head of Househo	σια	Y		Declaration a	nd Authorization	
*Household size *Birth Date		Month Da	y Year	terms and condition of	ate my agreement with the f the Metro Rewards Card.  er Printed Name	
*Marital Status	Sing Divorce		larried		Date	
·			Store Use			
*Household Staff	?	Y	N	Card Number		
*Preferred	Pick up Store			Store Number	Initials	
Please select store d	Iropdown below:		_			