SEDP MBA Form 1A

Simbag sa Emerhensya asin Dagdag Paseguro
Mutual Benefit Association (SEDP MBA) Inc.
2nd Level SEDCen Bldg. Block 7, Landco Business Park,
Legazpi City, Albay, Philippines
CP No.: 09171871373
Email: sedp_mba@yahoo.com.ph

Membership Application

SPO : _____
Center : _____

Date of Application : _____
Date of first contribution payment : _____
Date of Membership : _____

	Applicant		Spouse (if any)	
First Name				
Middle Name				
Last Name				
Gender	(__) Male (__) Female		***Membership Fee*** Official Receipt No. : _____ Amount Paid : _____ Date Paid : _____ Membership ID No. : _____	
Civil Status	(__) Single (__) Widow (__) Married (__) Common-Law wife (__) Separated			
Date of Birth		Age:		Age:
Place of Birth				
Address				
Occupation				
Business Location				

Name of Dependent Children/Parents*/Siblings**	Date of Birth
1.	
2.	
3.	
4.	

* If single or unmarried *(without child)*, parents less than 65 years old are the dependents.
** If single or unmarried *(without child)* and without parents, two (2) siblings who are 1-21 years old are the dependents.

Copy of the following documents shall be submitted upon application.
1. Birth Certificate of Applicant . 2. Birth Certificate of qualified Dependents; Spouse/Siblings/Parents/Children 3. Marriage Certificate

	Beneficiary	Relationship
Primary Beneficiary		
Secondary Beneficiary		

I hereby certify that the information given above is true and correct to the best of my personal knowledge. Any misdeclaration on my part of my age shall cause the cancellation of my full membership and all the benefits attached to it, in which case, I shall only be entitled to reimbursement of all my paid contributions.

My membership is subject to six (6) months contestability period, hence, I declare that I am in good health and gainfully involved in enterprising activities or other employment which can guarantee of my premium.

Further, in compliance with R.A. 10173 (Data Privacy Act of 2012) the information provided above are only collected, processed, stored and disposed by the duly authorized MBA Staff, exclusive for lawful purposes related to MBA official activities. Thus, MBA assures with utmost diligence that it will protect the privacy and confidentiality of the information you provided. Affixing your signature on the space provided is an express manifestation of consent allowing MBA to collect, process, store and dispose the data collected, and a waiver to any and all liability/ies for any security breach thereto.

I further declare that I have read, understood and am willing to abide by the rules and regulations of SEDP MBA.

_____ _____
Signature Date

Received by:	Verified by:	Attested by:
_____ Center Chief	_____ Community Development Worker	_____ Satellite Parish Outreach Manager

Documents attached: (*Pls. check appropriate box*)
[ ] Marriage Certificate [ ] Birth Certificate

Recommending Approval:	Approved by:
_____ Branch Manager	_____ MBA Manager