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

Name of Organization : _____
Classification : _____ Date of Application: _____
Date of Membership : _____ Date of first contribution payment: _____

	Applicant	Spouse (if any)
First Name		
Middle Name		
Last Name		
Gender	(__) Male (__) Female	***Membership Fee*** Official Receipt No. : _____
Civil Status	(__) Single (__) Widow (__) Married (__) Common-Law wife (__) Separated	Amount Paid : _____ Date Paid : _____ Membership ID No. : _____
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) single siblings who are at least 2weeks old - 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 (if applicable)

	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.

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

_____ Signature _____ Date

Verified by:

_____
Secretary

Attested by:

_____
Organization Head

Documents attached: (*Pls. check appropriate box*)

(_) Marriage Certificate (_) Birth Certificate

Recommending Approval:

_____
MBA Staff Coordinator

Approved by:

_____
SEDP MBA Manager