



**Simbag sa Emerhensya asin Dagdag Paseguro
Mutual Benefit Association (SEDP MBA), Inc.**

3/F The Chancery, Cathedral Compound,
Albay District, Legazpi City, Albay, Philippines
Telefax: (052) 481-4449 loc 120
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	(<input type="checkbox"/>) Male (<input type="checkbox"/>) Female	Membership Fee	
Civil Status	(<input type="checkbox"/>) Single (<input type="checkbox"/>) Widow (<input type="checkbox"/>) Married (<input type="checkbox"/>) Common-Law wife (<input type="checkbox"/>) Separated	Official Receipt No. : _____ 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 (<i>without child</i>), parents less than 65 years old are the dependents. ** If single or unmarried (<i>without child</i>) 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) <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Birth Certificate			
Recommending Approval: _____ MSSSC Coordinator		Approved by: _____ SEDP MBA Manager	