



Simbag sa Emerhensya asin Dagdag Paseguro Mutual Benefit Association (SEDPMBA), Inc.

3rd Floor The Chancery, Cathedral Compound,
Albay District, 4500 Legazpi City, Albay, Philippines
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REINSTATEMENT DECLARATION

TO BE PART OF THE CERTIFICATE OF MEMBERSHIP NO. _____

FOR : _____ (Branch Manager)
THRU : _____ (CDW)
FROM : _____ Name of Member
CENTER : _____
DATE : _____

This is to notify that I am willing to re-activate my membership with SEDPMBA. The date of my previous recognition was on _____ and I have been in-active since _____.

And this is to inform that I am in good health as attested with doctor's certification.

I will pay all of my arrears contribution plus interest
 the weekly contribution

Signature of Member

Date _____

CENTER CHIEF RECOMMENDATION

According to his/her reinstatement declaration and after favorable consultation with co-members, I am recommending him/her for membership re-activation in the Center

Center Name

Signature over Printed Name – Center Chief

RECOMMENDATION OF THE CDW

According to my validation, he/she is in good health and I am favorably recommending his/her application for re-activation effective

Signature over Printed Name - CDW

Based on favorable recommendation of the Center Chief and of the CDW that he/she is in good health, I am accepting his/her membership re-activation in the Center effective _____.

And I confirm that he/she had paid the amount of _____.
(Php _____): (in words)

All of the arrears contribution plus interest Weekly contribution

Approved by:

Signature over Printed Name - Branch Manager

Date _____