



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

3/F Floor The Chancery Building, Cathedral Compound,  
Albay District, 4500 Legazpi City, Albay, Philippines  
Telefax: (052) 481-4449 Email: sedp\_mba@yahoo.com.ph

**Membership Application**

Branch : \_\_\_\_\_  
Center : \_\_\_\_\_

Date of Application : \_\_\_\_\_  
Date of first contribution payment : \_\_\_\_\_  
Date of Membership : \_\_\_\_\_

		Applicant	Spouse (if any)
First Name			
Middle Name			
Last Name			
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Membership Fee</b> Official Receipt No. : _____ Amount Paid : _____ Date Paid : _____ Membership ID No. : _____
Civil Status		<input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Common-Law wife <input type="checkbox"/> 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.			
<p>* 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.</p> <p>Copy of the following documents shall be submitted upon application. 1. Birth Certificate of Applicant . 2. Birth Certificate of qualified Dependents; 3. Marriage Certificate Spouse/Siblings/Parents/Children</p>			
		Beneficiary	Relationship
Primary Beneficiary			
Secondary Beneficiary			
<p>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.</p> <p>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.</p> <p>I further declare that I have read, understood and am willing to abide by the rules and regulations of SEDP MBA.</p>			
		Signature _____	Date _____
Received by: _____		Verified by: _____	Attested by: _____
Center Chief		Community Development Worker	Branch Manager
Documents attached: (Pls. check appropriate box) <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Birth Certificate			
Recommending Approval: _____		Approved by: _____	
Area Manager		MBA Manager	