



PAGLAUM MUTUAL BENEFIT ASSOCIATION, INC.

PAGLAUM Bldg., Eastern Looc, Plaridel, Misamis Occidental
 Tel#: (088) 344-8633/344-8587 ;Email add: paglaummba@yahoo.com



APPLICATION FOR MEMBERSHIP

BRANCH:	CENTER:	DATE FILED:	DATE OF PAYMENT FIRST CONTRIBUTION :
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FIRST NAME			
MIDDLE NAME			
LAST NAME			
SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
CIVIL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOW/ER <input type="checkbox"/> SEPARATED
DATE OF BIRTH	AGE:	PLACE OF BIRTH:	
HOME ADDRESS			
SOURCE OF INCOME			
TIN NUMBER	SSS/GSIS No.:	OTHER(Please Specify):	

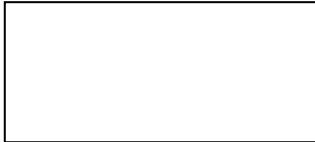
DEPENDENTS	AGE	BIRTHDATE	RELATIONSHIP	DOCUMENTS SUBMITTED (Please Specify)

If married, please attach the Marriage Certificate of the applicant and Birth Certificate/s of legal and legally child/ren (if any). If single, please attach the Birth Certificate of the applicant and Birth Certificate of legal parents (if any). If single mother/father, please attach the Birth Certificate of the applicant and Birth Certificate/s of biological / legal child/ren (if any). If common law partner, please attach Certificate of No Marriage and Affidavit of Live-in Partner or Barangay Certification.

NAME OF DESIGNATED BENEFICIARIES	BIRTHDATE	RELATIONSHIP

I hereby state and declare that all the answers contained herein are true and correct and I fully understand that willful misstatement in this application that would render me eligible for insurance when I would otherwise be ineligible shall be sufficient cause for the cancellation of my membership in the Association at any time such misstatement is known. In addition, the Association has no obligation on whatever claims I will file, except for the refund of my contributions if misstatement is known during claims validation.

 SIGNATURE OF APPLICANT
 DATE: _____



THUMB MARK

PROCESSED BY:	APPROVED BY:	CONCURRED BY:
_____ FIELD OFFICER Date: _____	_____ BRANCH MANAGER Date: _____	_____ PAGLAUM MBA GENERAL MANAGER Date: _____