



APPLICATION FOR MEMBERSHIP

 NEW UPDATE

DATE

PERSONAL INFORMATION

EMPLOYEE No.	SURNAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS <i>House No. Street Name Subdivision Barangay Municipality/City Province ZIP Code</i>			
PERMANENT ADDRESS <input type="checkbox"/> IF SAME W/ PRESENT ADDRESS <i>House No. Street Name Subdivision Barangay Municipality/City Province ZIP Code</i>			
DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CIVIL STATUS NATIONALITY
COMPANY	BRANCH	DEPARTMENT	DATE HIRED
POSITION TITLE	RANK/LEVEL	TAXPAYER IDENTIFICATION No. (TIN)	SOCIAL SECURITY SYSTEM (SSS) No.
MOTHER'S MAIDEN NAME (First, Middle and Last Name)		EMAIL ADDRESS	FACEBOOK ACCOUNT
MOBILE NUMBER	VIBER NUMBER	MAYA NUMBER	

BENEFICIARIES (Following the hierarchy rule)

NAME OF BENEFICIARY/IES (First, Middle and Last Name)	RELATIONSHIP	BIRTHDATE

NOTE:

- For married member, only legitimate spouse, child/ren/legally adopted child/ren and natural parents shall be registered as beneficiary/ies.
- For single member, child/ren and natural parents or siblings (if parents are deceased), shall be registered as beneficiary/ies.

I hereby apply for new membership/update my information in this Association. For new membership application, a membership fee of TWO HUNDRED PESOS (P 200.00) will be added to my first contribution. Should this application be approved, I hereby promise to abide by the by-laws and regulations of SMSLAI.

Likewise, I authorize my employer to deduct from my salary and remit the following amounts to SMSLAI starting on the nearest payday following the Board of Trustees' approval:

a. For my Capital Contribution per pay day (In Philippine Peso). Minimum required amount per rank/level shall apply.

- | | | | |
|------------------------------|--------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 300 | <input type="checkbox"/> 800 | <input type="checkbox"/> 2,500 | <input type="checkbox"/> 5,000 |
| <input type="checkbox"/> 400 | <input type="checkbox"/> 1,000 | <input type="checkbox"/> 3,000 | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> 500 | <input type="checkbox"/> 1,500 | <input type="checkbox"/> 4,000 | |
| <input type="checkbox"/> 600 | <input type="checkbox"/> 2,000 | <input type="checkbox"/> 4,500 | |

b. For my Savings Account the amount of P _____ per pay day. (Amount should be in multiples of P50)

I hereby give my full consent to the Association and its authorized representatives or agents to collect, use, verify, process and dispose in a secure manner, whether through manual or electronic means, for the period allowed under the applicable laws and regulations, any personal data I provide for the purposes of my membership and any related applications or requests. I acknowledge that the collection and processing of my personal data is necessary for such purposes. I am aware of my right to be informed, to access, to object, to file a complaint, to rectify and to data portability, and I understand that there are procedures, conditions and exceptions to be complied with in order to exercise or invoke such rights.

APPLICANT'S SPECIMEN SIGNATURE

1.	2.	3.
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NEW MEMBER**UPDATE**

- Fill out BDO Cash Card Application Form
- Attach photocopy of your valid company ID with 3 specimen signatures
- HR to email soft copy of ID photo (white background)
- Your SM SLAI/BDO Cash Card will be sent to you through HR Department

- Attach photocopy of your valid company ID with 3 specimen signatures

FOR HR DEPARTMENT'S USE ONLY**FOR SM SLAI BOARD OF TRUSTEES' USE ONLY**

We have verified the information stated above and recommend the approval of this application under the payroll type below:

<input type="checkbox"/> Regular	<input type="checkbox"/> Executive
<input type="checkbox"/> Confidential	<input type="checkbox"/> Others _____

The applicant's membership to SMSLAI is hereby:

<input type="checkbox"/> Approved as:	<input type="checkbox"/> Disapproved
<input type="checkbox"/> New	
<input type="checkbox"/> Amnesty	

ENDORSED BY/DATE	POSITION TITLE	BY/DATE	ENCODED BY/DATE
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