



SLA
Savings & Loan Association

APPLICATION FOR MEMBERSHIP

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)		MOBILE/ MAYA NUMBER	EMAIL ADDRESS	

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 membership in this Association. 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 and region shall apply.

<input type="checkbox"/> 100	<input type="checkbox"/> 500	<input type="checkbox"/> 1,500	<input type="checkbox"/> 4,000
<input type="checkbox"/> 200	<input type="checkbox"/> 600	<input type="checkbox"/> 1,800	<input type="checkbox"/> 4,500
<input type="checkbox"/> 300	<input type="checkbox"/> 800	<input type="checkbox"/> 2,000	<input type="checkbox"/> 5,000
<input type="checkbox"/> 400	<input type="checkbox"/> 1,000	<input type="checkbox"/> 3,000	<input type="checkbox"/> Others _____

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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FOR HR DEPARTMENT'S 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 _____

FOR SM SLAI BOARD OF TRUSTEES' USE ONLY

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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Please fill up the BDO Cash Card Application Form, attach your colored 1" x 1" ID picture (white background) and submit to SM SLAI Membership with a photocopy of your valid company ID with 3 specimen signatures. Your SM SLAI/BDO Cash Card will be sent to you through your HR Department.