

FIRE SERVICES MUTUAL BENEFIT ASSOCIATION INC.

Unit 418, 145 Union Square Condominium, 15th Ave. Cubao, Quezon City Metro Manila

Telephone No. (02) 8-709-2230 Cel. #: 0921-3191-450 E-mail add: fsmbai2004@gmail.com/ fsmbai1@yahoo.com

MEMBERSHIP APPLICATION FORM

LASTNAME	FIRSTNAME	M.I.
BIRTHDATE		BIRTHPLACE
HOME ADDRESS _____		UNIT/OFFICE _____
CONTACT NO. _____	E-MAIL ADD: _____	
CIVIL STATUS	ACCT. NO. _____	BASEPAY _____
<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widow (er)		RANK _____
NAME OF BENEFICIARIES		
LASTNAME	FIRSTNAME	MI
		Relationship

PAYMENT TO BENEFICIARIES

Lump Sum Monthly Pension

Health Statement:

Yes No

- a. Have you ever been treated for or been advised that you had any of the following:
Heart, Lung, Nervous or Kidney Disorder, High Blood Pressure, cancer, Tumor, Diabetes?
- b. Do you or did you have any illness of disease not mentioned in (a) above?
- c. During the last five years (5) have you been hospitalized or have you been confined or treated by a physician for any reason?
- d. Are you now in good health and free from physical impairment, any deformity or disease?

Please give details of the above, if any furnish dates, diagnosis, or results of examination, names and address of Physician, Hospitals, etc.

Certification:

I hereby declare and agree that all the statement and answers contained herein are true, complete and correct to the best of my knowledge and belief and shall form part of my application for insurance. It is understood and agreed that no insurance coverage shall be effected unless this application is approved and the contributions are paid during my continued good health.

Important:

- 1. All information contained herein shall support all benefits/claims
- 2. Please communicate changes to: The President, FSMBAI (pls. see above address)

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Left (Thumbmarks) Right

Signature _____
Printed Name _____
DATE _____

Payroll deduction:

I hereby authorize the Finance Officer/Paymaster the payroll deduction from my Salary for payment of my contributions, loans, and accounts with and remittance of the deduction to FSMBAI until such obligations are fully paid.

ACCT. NO. _____
BASE PAY: _____
MONTHLY DEDUCTION: _____

Signature Over Printed Name

SUBSCRIBED AND SWORN to before this _____ day of _____ at Quezon City, Metro Manila. Affiant exhibited to me his _____ issued on _____ at _____.

Doc. No. _____;
 Page No. _____;
 Book No. _____;
 Series of _____.

NOTARY PUBLIC