



APPLICATION FOR MEMBERSHIP



DATE 09/16/2025

PERSONAL INFORMATION

EMPLOYEE No. 356907541	SURNAME HR	FIRST NAME RF41	MIDDLE NAME SILANG
PERMANENT ADDRESS #42 Won St. Joseph 8 BANAYBANAY CABUYAO CITY LAGUNA 4025 <small>House No. Street Name Subdivision Barangay Municipality/City Province ZIP Code</small>			
PRESENT ADDRESS #42 Won St. Joseph 8 BANAYBANAY CABUYAO CITY LAGUNA 4025 <small>House No. Street Name Subdivision Barangay Municipality/City Province ZIP Code</small>			
DATE OF BIRTH (mm/dd/yyyy) 01/01/1990	PLACE OF BIRTH WEWEWEWEW	GENDER <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CIVIL STATUS single
COMPANY Alfamart Trading Phils. Inc.	BRANCH DC SILANG	DEPARTMENT Human Resources	DATE HIRED 07/21/2014
POSITION TITLE Human Resources Assistant	RANK/LEVEL Rank and File	TAXPAYER IDENTIFICATION No. (TIN) 321-414-123	SOCIAL SECURITY SYSTEM (SSS) No. 22-2222222-2
MOTHER'S MAIDEN NAME (First, Middle and Last Name) HAHAHAHAHA		MOBILE NUMBER (+63) 12 4151-5151	EMAIL ADDRESS mp.gonzales@alfamart.com.ph

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 shall apply.

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

- ☒ b. For my Savings Account the amount of P 1000 per pay day. (Amount should be in multiples of P100)

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

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

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.