



SM SAVINGS AND LOAN ASSOCIATION, INC.

APPLICATION FOR MEMBERSHIP

(Please completely fill-up all required information)

Surname		Given Name		Middle Name	Permanent Address	
Company		Branch/Department		Position	Date Hired	Email Address
Date of Birth	Sex	Civil Status	TIN		Telephone Nos.	
			SSS No.		Residence	Cellphone
Beneficiary <input type="checkbox"/> Spouse <input type="checkbox"/> Others (Please specify relationship) _____					Beneficiary's Permanent Address	
Beneficiary's Surname		Given Name		Middle Name	Telephone No.	Email Address
Beneficiary's Employer (Company)					Business Address	

The Board of Trustees

SM Savings and Loan Association, Inc. (SM SLA)

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 SM SLA. I also authorize my employer to deduct from my salary and remit the same to SM SLA starting on the payday following approval the following amounts:

a. For my Capital Contribution _____ per pay day.

b. For my Savings Account the amount of _____ per pay day.

Applicant's Signature

Applicant's Signature

Applicant's Signature

Employee No.

Application Date

PERSONNEL DEPARTMENT USE

We have verified the data stated above and recommend approval of this application.

Payroll Type

☐ Regular

☐ Confidential

☐ Executive

☐ Others _____

Recommending Officer

Position

Signature

Date

SM SLA BOARD ACTION

☐ Dissaproved

☐ Approved

Membership Date

1st Deduction on _____

To Applicant: Please fill in BDO Enrollment Form and attach with this your 1" x 1" I.D. picture with white background. Your Membership Identification Card will be sent to you through your respective Personnel Department.