



# Membership Application Form

Please write using BLOCK or CAPITAL LETTERS. Accomplish and submit one (1) copy.

PERSONAL DETAILS													
LAST NAME											SUFFIX (e.g., JR., SR., IV)		
FIRST NAME											MIDDLE NAME		
DATE OF BIRTH				SEX		CIVIL STATUS				CITIZENSHIP			
Month _____ Day _____ Year _____				<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled/ Legally Separated				<input type="checkbox"/> Filipino <input type="checkbox"/> Dual (Filipino and _____) <input type="checkbox"/> Others (_____)			
CITY ADDRESS / CURRENT HOME ADDRESS											CELLPHONE NO.		LANDLINE NO.
PERMANENT ADDRESS (If different from above)											EMAIL ADDRESS		

EMPLOYMENT DETAILS													
UP CAMPUS / UNIT / CONSTITUENT UNIVERSITY							EMPLOYEE CLASSIFICATION				EMPLOYEE NO.		
<input type="checkbox"/> Baguio <input type="checkbox"/> Diliman <input type="checkbox"/> System Admin <input type="checkbox"/> Manila <input type="checkbox"/> PGH <input type="checkbox"/> Los Baños <input type="checkbox"/> Open University <input type="checkbox"/> Cebu <input type="checkbox"/> Mindanao <input type="checkbox"/> Visayas							<input type="checkbox"/> Admin Staff <input type="checkbox"/> Faculty <input type="checkbox"/> REPS <input type="checkbox"/> Others _____						
COLLEGE / UNIT					DEPARTMENT				ACADEMIC RANK / POSITION				
STATUS OF APPOINTMENT				DATE OF APPOINTMENT			SALARY GRADE		MONTHLY SALARY		TAXPAYER ID NO. (TIN)		
<input type="checkbox"/> Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Temporary <input type="checkbox"/> Others (_____)				Month _____ Day _____ Year _____									

MEMBERSHIP DETAILS														
<b>MONTHLY CONTRIBUTION</b> (Contribution will be deducted from your salary every month; Choose between: (a) Percentage of basic salary, minimum of 1%; or (b) Fixed amount; You may change this anytime by filling out the Member's Data Updating Form; Amount is subject to the DBM rule on net take-home pay threshold.)														
<input type="checkbox"/> A. Percentage of Basic Salary (Between 1% and 100%): _____%							or	<input type="checkbox"/> B. Fixed Amount (in Philippine Peso): PHP _____						
<b>BENEFICIARY/IES</b> (Those who will receive the fund benefits in case of the member's death; Please use additional sheet if necessary; If left blank, benefits shall be divided among heirs in accordance with the New Family Code.)														
	Full Name			Date of Birth		Relationship			Full Name			Date of Birth		Relationship
1								3						
2								4						

By signing this form, I hereby certify that all information provided above are true, accurate, and complete. I also consent to the collection, recording, use, processing, storage, and retention of my personal data by UP Provident Fund for the purpose of my membership with the Fund, subject to RA 10173 ("Data Privacy Act"). I authorize the company to disclose relevant personal information to third parties only as necessary for the processing and execution of regular membership transactions (e.g., loans disbursement, insurance application and claims processing, etc.) or as legally required by existing laws, ordinances, or regulations.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE

To be filled out by UP Provident Fund and UP HRDO Personnel													
Received and checked by: UP PROVIDENT STAFF				Verified by: UP HRDO DIRECTOR				Approved by: UP PROVIDENT FUND MANAGER					
_____ Signature over Printed Name      Date				_____ Signature over Printed Name      Date				_____ Signature over Printed Name      Date					