



ppsta form no. 01-2007

**APPLICATION FORM FOR MEMBERSHIP
 Mutual Aid System 65 (MAS 65)**

1" x 1" Picture

Print Legibly

Name of Applicant (family name, first name, middle name)

Home address , exact mailing address number, street, Barangay
 Region Division Station Employee number
 Date of Birth:(mm-dd-yyyy)
 Zipcode: Sex Civ.Stat.

municipality/City, Province
 Name of School:
 Sch. Address:
 Chapter
 check if not interested (refer to provision C-8)

MAS 65 Certificate No.:
 Status of Employment: Permanent Provisional Mode of Payment Monthly Quarterly Annually
 Payment IBM National IBM Regional Direct Local Email Address:
 Cellphone No.: Contact No.:

Beneficiaries

Name (Surname, First Name Middle Name)	Date of Birth(mm-dd-yyyy)	Relation	Allocation

- ENROLLMENT:**
- A teacher-member shall not be more than 54 years at the time of enrollment.
 - All applicants must submit application and shall pay a monthly premium contribution up to age 65 according to the premium schedule below:

a. MAS 65	Age group	Premium
	Less than 30	P 210.00
	30 - 34	P 233.00
	35 - 39	P 318.00
	40 - 44	P 447.00
	45 - 49	P 660.00
	50 - 54	P1059.00

b. P 20.00 monthly membership fee

VENUE OF ACTION

I hereby agree that all actions relating therewith shall be brought before the Regional Trial Court of Quezon City.

RECOMMENDING APPROVAL:

Signature of Division Chapter President or his Authorized Representative above Printed Name

Customary Signature of Applicant above Printed Name

Solicitor: Signature over Printed Name

MAS 65 Certificate No.:

Date of Effectivity:

Solicitors MAS No.:

Div-Sta-Empl.No.:

Address:

RECOMMENDING APPROVAL:

Chief, Membership

APPROVED:

General Manager

AUTHORIZATION FOR DepED-IBM SALARY DEDUCTION FOR PPSTA MAS 65 CODE 0044A

The Chief
 Regional Payroll Service Unit
 Department of Education
 Sir/Madam,

Upon approval of this application, I hereby authorize the Payroll Service Unit, Department of Education to deduct the amount of **P20.00 a month as membership fee** plus corresponding contribution to my age under **code 0044A for MAS 65** (death Aid) Contribution from my monthly salary. It is understood that the said deduction shall continue unless revoked by the undersigned in writing and sanctioned by the Philippine Public School Teachers Association.

Div-Sta-Empl no.:

Customary Signature of Applicant above Printed Name