



APPLICATION FOR MEMBERSHIP

Region: _____
Centro: _____
Address: _____

<input type="checkbox"/> New Member
<input type="checkbox"/> Renewal
<input type="checkbox"/> Foreign-based

Country



I, _____, wish to apply for membership through the above-mentioned Local Center affiliated to UNION ESPIRITISTA CRISTIANA DE FILIPINAS, INC. Should my application be approved, I promise, on my word of honor, that I will strictly and faithfully respect and obey or abide by its Constitution and By-Laws, its Rules, Regulations, Policies, Circulars and Orders promulgated by the Board of Directors; I promise to be loyal to the UNION, and to submit myself to disciplinary action for any act that I may violate thereof.

PERSONAL DATA

_____	_____	_____	_____	Nickname: _____
(First name)	(Middle Name)	(Last name)	Suffix	
Birthdate: _____		Birthplace: _____	Gender: __	Civil Status: _____
Address: _____		Zip Code: _____		
(House No)		(Street)	(Brgy. or Subdivision)	(Municipality or City) (Province)
Contact No/s: _____		Email Address: _____		
Gov't ID Type: SSS GSIS Philhealth Voters Senior		ID Number: _____		
Blood Type: _____		Occupation: _____		
Positions: Local: _____		Provincial: _____		
Regional: _____		National: _____		
Mother Center (Center Name/Region) _____				

Certified True and Correct:

_____	_____	_____
Applicant's Signature	Local President	Date

ENDORSEMENT:

_____	_____	_____	_____
Provincial Committee President	Date	Director General	Date

APPROVED/DISAPPROVED:

Board of Directors General

Secretary General

Date: _____

President General

Date: _____