PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION

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Mobile No. 09185448046

1" X 1"
PICTURE

UPDATED INFORMATION SHEET

Print Legibly

Name of Member *(Last Name* *First Name* *Middle Name)*

Home Address, exact mailing address *Number,* *Street,*

Barangay, *Municipality/City,* *Province*

Name of School, School Address

Mobile No.:

Division – *Station* – *Employee number*

Date of Birth: (mm-dd-yyyy) - -

Zipcode: *Sex* *Civil Status*

Email Address: *Contact No.:*

Please check: ☐ *Active* ☐ *Retired*

If ACTIVE, please specify at the space below, present position including school or office assignment

If RETIRED, please specify at the space below, last position held including school or office assignment

Note: *Please fill this up*

- If you wish to ☐ change or ☐ add your beneficiaries recorded in your membership application form and previous affidavit please notarize.
- If change of status kindly attach your marriage contract.

Beneficiaries

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

Customary Signature of Applicant above Printed Name

Customary Signature of Applicant above Printed Name

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20 ___, affiant personally known and appeared before me exhibiting his/her Community Tax Certificate No. _____ issued on _____, 20 ___ at _____.

_____
Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of 20_____