WEST CENTRAL PHILIPPINE UNION MISSION (WCPUM)
WVC-ADRA Bldg., Cor. Jalandoni, Ledesma St., Brgy. Wilson, Iloilo City, 5000

REF Membership Form

Instructions: *Check the appropriate boxes. Write in capital letters on spaces provided.*

A. RETIREE INFORMATION

Date Filled: *mm____ dd____ yy____*
Title: ☐ *Mr.* ☐ *Ms.* ☐*Mrs.* ☐ *Dr.* Gender: ☐ *Male* ☐ *Female*
Name of Retiree: *Last* _____ *First*_____ *Middle Name:* _____
Date of Birth: *mm____ dd____ yy____* Date of Retirement*: mm____ yy____*
Civil Status: ☐*Single* ☐*Married* ☐*Widowed* ☐*Deceased*
Spouse Name: *Last* _____ *First*_____ *Middle Name:* _____
Date of Marriage: *mm____ dd____ yy____*
Retirement Status: ☐*Basic* ☐ *Family*
Mobile Number: _____ Valid ID No.: _____ Email: _____
Address: *St.*_____ *Brgy.*_____ *City/Municipality*_____ *Postal Code:* ____

B. MONTHLY CONTRIBUTION

Monthly Pension: ₱_____
☐ ₱50 (Pension ₱5,000 and below)
☐ ₱75 (Pension ₱5,001–₱10,000)
☐ ₱100 (Above ₱10,000)

C. AUTHORIZATION

*I*_____ *(Full name) of legal age, voluntarily enroll in the Retirees' Emergency Fund (REF) and authorize the Treasurer's Office to deduct my monthly contribution of ₱*_____ *from my retirement pension until such authorization is revoked in writing or otherwise terminated in accordance with the REF Guidelines.*

Signature/Thumbprint: _____ Date: _____

D. FOR OFFICIAL USE ONLY

Application Number: _____

Received by:
*Name*_____ *Signature:* _____ *Date:* _____

Approved By:
*Name*_____ *Signature:* _____ *Date:* _____

Approval Number: _____