



STII EMPLOYEES ASSOCIATION
Department of Science & Technology
SCIENCE & TECHNOLOGY INFORMATION INSTITUTE
Bicutan, Taguig City

APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT _____ SEX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HOME ADDRESS _____

RES. TEL. NO. _____ MOBILE NO. _____

STII DIVISION _____ POSITION _____

APPOINTMENT STATUS: (☐) PERMANENT (☐) COS

BENEFICIARIES:

NAMES	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

I PROMISE TO COMPLY WITH THE RULES AND REGULATIONS OF THE SCIENCE AND TECHNOLOGY INFORMATION INSTITUTE EMPLOYEES ASSOCIATION (STII-EA) IN ACCORDANCE WITH POLICIES AND APPROVED, OR AS MAY BE AMENDED BY THE MEMBERS OF THE BOARD OF DIRECTORS.

I HEREBY AUTHORIZE THE STII CASHIER TO DEDUCT P _____/MONTH AS MY FIXED DEPOSIT.

APPLICANT'S SIGNATURE
OVER PRINTED NAME

NOTED:

MARITES B. PABLO
Cashier

MEMBERSHIP APPROVED by BOARD OF DIRECTORS:

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President

2. _____
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Secretary



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VP for External Affairs

5. _____
LYNDERLITTE M. MAGLAQUE
VP for Internal Affairs

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Credit Committee Chair

7. _____
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MEMBERSHIP FEE: P 100