



**COMPOSITE WING SAVINGS AND LOAN ASSOCIATION, INC.**  
 (Authorized by the Bangko Sentral ng Pilipinas)  
 CWSLAI Bldg., Bayani Road corner A. Luna Street,  
 Fort Bonifacio Taguig City  
 Tel. Nos. (02) 885-7995; (02) 889-7830; (02) 889-7832 TO 36

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**MEMBERSHIP FORM (REGULAR)**

**Date:**  Membership Application  Membership Update

**MEMBER INFORMATION** (indicate N/A if not applicable)

|                            |                 |                    |               |                                      |  |                  |
|----------------------------|-----------------|--------------------|---------------|--------------------------------------|--|------------------|
| <b>LAST NAME</b>           |                 | <b>FIRST NAME</b>  |               | <b>MIDDLE NAME</b>                   |  | <b>Ext. Name</b> |
| Date of Birth:             | Place of Birth: | Sex:               | Civil Status: | TIN:                                 |  |                  |
| Nationality:               |                 | Branch of Service: |               | Name of Spouse (if married)          |  |                  |
| Rank:                      | AFPSN           | Unit:              |               | (Last Name, First Name, Middle Name) |  |                  |
| Full Mother's Maiden Name: |                 |                    |               |                                      |  |                  |

**Present Address:**  
 Bldg/House No./St. Brgy.: \_\_\_\_\_  
 District/ Town/ City : \_\_\_\_\_  
 Province/Country/Zip: \_\_\_\_\_ Contact No. \_\_\_\_\_

**Permanent Address:**  
 Bldg/House No./St. Brgy.: \_\_\_\_\_  
 District/ Town/ City : \_\_\_\_\_  
 Province/Country/Zip: \_\_\_\_\_ Contact No. \_\_\_\_\_

Source of Income:  SALARY  PENSION  BUSINESS (Specify)  OTHERS (Specify):

**Legal Beneficiaries** (Use Additional Sheet if necessary)

| Name | Birthday | Relationship |
|------|----------|--------------|
| 1.   |          |              |
| 2.   |          |              |
| 3.   |          |              |
| 4.   |          |              |
| 5.   |          |              |

Willing to avail Advance Dividend Scheme of CWSLAI?  YES  NO

I hereby ascertain that the information provided herein is true and correct.

LEFT THUMBMARK  RIGHT THUMBMARK

\_\_\_\_\_  
 Signature over Printed Name

**-----TO BE FILLED UP BY CWSLAI PERSONNEL-----**

**MEMBERSHIP TYPE**

|   |   |   |               |
|---|---|---|---------------|
| <input type="checkbox"/> PAF- Military Active | <input type="checkbox"/> PAF- Civilian Active   | <input type="checkbox"/> PAF- Technical Service   |               |
| <input type="checkbox"/> PAF- Retiree         | <input type="checkbox"/> PAF - Civilian Retiree | <input type="checkbox"/> PAF- Honorably Separated |               |
| Member's Acct No.                             | Passbook No.                                    | ID's Presented:                                   | CWSLAI ID No. |

Processed and Encoded by: \_\_\_\_\_ Approved by : \_\_\_\_\_

**CWSLAI MEMBERSHIP TERMS AND CONDITIONS:**

1. To apply for membership with CWSLAI, you shall have presented and submitted complete requirements to support your membership eligibility and is willing to invest in the Association an initial deposit of One Thousand Pesos (P1,000.00) upon membership.
2. During membership, you will be given your CWSLAI Passbook and CWSLAI ID which you will bring when transacting with the Association.
3. Physical appearance shall be required when transacting with CWSLAI.
4. As a new member, you are allowed to avail of the financial products and services of the Association based on your membership type. Financial products and services available were properly discussed to you by authorized CWSLAI representative and evidence by your signature provided below.
5. You shall immediately inform the Association of any changes in your address, contact numbers, or other particulars that may be made from time to time with the use of prescribed updating forms.
6. The Association may from time to time send to you, based on the Association's records of your personal data, information/offer of any new product or services offered by the Association.
7. The financial products and services provided by the Association may be change, vary, suspended or stop depending on the circumstance at hand. We encourage you to visit our website ([www.cwslai.com](http://www.cwslai.com)) or any of our nearest offices for important announcements.
8. You shall certify that the information indicated in this Membership Form are TRUE and CORRECT and the documents attached herein are certified true machine copies from the original documents, and PLEDGE to abide, follow and obey the By-Laws of CWSLAI including the rules, regulations, policies and Board Resolutions formulated and promulgated by the Board of Trustees.

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE TERMS AND CONDITIONS ATTACHED TO BEING A MEMBER OF CWSLAI.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME