



**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. (028) 885-7995; (028) 889-7830; (028) 889-7832 to 36

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Picture  
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**MEMBERSHIP FORM (ASSOCIATE)**

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: _____			
Occupation:	Employer:		First Name: _____			
Full Mother's Maiden Name:			Middle 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. \_\_\_\_\_

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

Kindly select your preferred billing address  Present Address  Permanent address  Provincial Address

**Address outside PH:** \_\_\_\_\_ Contact No. \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

<b>Details of Principal</b>	<i>Account No. (If Member):</i>	<i>Branch of Service:</i>
<i>Name of Principal:</i>		<i>Rank:</i>
<i>Relationship to the Principal:</i>	<i>Date Retired:</i>	<i>AFSPSN:</i>

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

Name	Birthday	Relationship	Contact No.
1.			
2.			

Full name of Father:	Last name	First name	Middle Name	Ext. Name
Full name of Mother:	Last name	First name	Middle Name	

Willing to avail Advance Dividend Scheme of CWSLAI?  YES  NO

I hereby ascertain that the information provided herein is true and correct.  _____ Signature over Printed Name	LEFT THUMBMARK	RIGHT THUMBMARK

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

MEMBERSHIP TYPE				
<input type="checkbox"/> PAF – Military Dependent		<input type="checkbox"/> PAF – Retiree Dependent		<input type="checkbox"/> PAF – Civilian Dependent
<input type="checkbox"/> AFP - Retiree		<input type="checkbox"/> AFP – Pensioner		<input type="checkbox"/> AFP – Dependent
<input type="checkbox"/> AFP – Honorably Separated		<input type="checkbox"/> PAF – Civilian Retiree Dependent		<input type="checkbox"/> CWSLAI Employee
<input type="checkbox"/> PAF – Technical Service Dependent		<input type="checkbox"/> PAF – Technical Service Retiree Dependent		<input type="checkbox"/> PAF – Honorably Separated Dependent
Member's Account. No.	Passbook No.	Motivation	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 be willing to invest in the Association an initial deposit of ONE THOUSAND PESOS (P 1,000.00) upon membership.
2. Member will be issued CWSLAI Passbook and CWSLAI ID/ Certificate of Membership (COM) which will be presented when transacting with the Association.
3. In the event of the loss of a CWSLAI Passbook, CWSLAI ID/Certificate of Membership (COM), members are obligated to initiate the replacement process, which involves submitting an application along with the required replacement fee and an Affidavit of Loss.
4. Personal appearance shall be required when transacting with CWSLAI.
5. New member is allowed to avail of the financial products and services offered by the Association. Financial products and services available are discussed with you by an authorized CWSLAI representative.
6. Member should immediately inform the Association of any changes in address, contact numbers, or other particulars every time it occurs with the use of prescribed updating forms.
7. The Association may from time to time send to you information/offer of any new products or services offered by the Association.
8. The financial products and services provided by the Association may be changed, suspended, or stopped and as the circumstances warrant. Member is encouraged to visit the CWSLAI website ([www.cwslai.com](http://www.cwslai.com)) or any of the nearest offices for important announcements.
9. Member shall certify that the information provided in this Membership Form is 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 promulgated by the Board of Trustees.

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

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