Pangasinan State University
Federation of Non-Teaching and Teaching Personnel, Inc.
(PSU FENTEP, Inc.)
Lingayen, Pangasinan
Contact Numbers: 09385748042 / 09654658236
Email Address: psufentep0894@gmail.com

2 x 2 ID
Picture
with nametag

FORM 2 LIFE MEMBERSHIP APPLICATION FORM

_____, 20_____

The PSU FENTEP, Inc.

I have the honor to apply for Life Membership under the Mutual Aid System (MAS).

1. Name: _____ Sex: _____ Civil Status: _____
2. Date of Birth: _____ Age _____ Contact No. _____
3. Residence (Complete address): _____
   _____
4. Position/Academic Rank: _____
5. Nature of Appointment: _____ Campus: _____
6. Date of Employment at PSU: _____ Date of Retirement: _____
7. Name of Spouse: _____ Father/Mother: _____
8. Beneficiaries:

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I promise to pay the Life Membership fee on or before _____ not to exceed three (3) months after my retirement date.

_____
Signature over Printed Name of Applicant

I hereby certify that the applicant:

- ☐ will retire on _____
- ☐ has retired on _____

_____
Campus Executive Director

To be filled out by the PSU FENTEP, Inc. Office Personnel:

Date of Effectivity: _____ Membership Type: _____

Approved: _____ _____
Campus Board of Director President
PSU FENTEP, Inc.