



DMS 1955 CORPORATION

Rm 404 PASDA Buidling, # 9 G. Araneta Ave. cor. P. Florentino Sts.
 Brgy. Sto. Domingo, Quezon City
 Tel. No. 411-04-08 / 0917-8584336 Email: dms1955corp@yahoo.com

MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Membership Card No.

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Address:	Lot # : _____	Block # : _____
	Street : _____	
	Barangay : _____	
	City : _____	Postal Code : _____
Date of Birth : _____		
Age : _____		
Gender : _____		
Height : _____	Weight : _____	
Status : _____	Single Married Widow/er Separated / Divorced	

BENEFICIARY

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
RELATIONSHIP:	_____	
Address:	Lot # : _____	Block # : _____
	Street : _____	
	Barangay : _____	
	City : _____	Postal Code : _____
Date of Birth : _____		
Age : _____		
Gender : _____		
Height : _____	Weight : _____	
Status : _____	Single Married Widow/er Separated/Divorced	

DMS 1955 MEMBERSHIP CARD

1. Five (5) days viewing
2. Funeral Hearse
- 3. Sr. Lizo Casket (Wood)**
4. Financial Assistance
5. Medical Reimbursement (for accident) **Php1,000**
6. Monetary benefit on Accidental Death **Php20,000**
7. Dismemberment and unprovoked murder or assault **Php10,000**
8. Transferrable to Beneficiary

The applicant and beneficiary hereby represents and declare to the best of his/her knowledge that he/she:

- a) Is between the age of 18 to 65 wherein a contestability period of six(6) months for ages 18 to 59 and one (1) year for ages 60 to 65.
- b) Possesses sound health and able to perform the normal activities in pursuit of his livelihood
- c) Has not consulted any physician for heart condition, hypertension, cancer, diabetes, lungs, kidneys or intestinal disorder, tuberculosis, or any other physical impairment nor has been confined in a hospital/clinic and received any medical or surgical attention. If so, give results.

It is understood and agreed that the issuance of the plan is based on the truth of the stated representations. Any false statement of the applicant and beneficiary to his/her age or health may render the Membership Agreement null and void. The undersigned further agrees that this agreement and the declaration above shall be the basis of the contract between the undersigned applicant and the company and shall be deemed to be an integral part of the contract subject to the conditions stated on the Membership Agreement

Signed this _____ day of _____, 2014 at _____

Signature of Applicant

