

**SAVINGS AND LOAN ASSOCIATION OF GOVERNMENT AUDITORS, INC.**

SLAGA Office, Commission on Audit Compound, Commonwealth Avenue, Quezon City

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Tel No: (02) 8255-6721 | Mobile No: 09217019089/09567902872

**APPLICATION FOR MEMBERSHIP CONTINUANCE****Date:**Name: \_\_\_\_\_  
*(Last) (First) (Middle)*

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Civil Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_ Contact No.: \_\_\_\_\_ COA ID No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

LBP Branch and Account No.: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

TIN No.: \_\_\_\_\_ GSIS No.: \_\_\_\_\_ Source/s of Income: \_\_\_\_\_

ATTACH  
2X2 PICTURE\*SPECIMEN SIGNATURESINITIALS

- |    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |

I hereby certify that the above information are true and correct:

\_\_\_\_\_

(Signature of Applicant)

**SLAGA ACTIONS****Documentary Requirements:**

- Duly Accomplished Form w/ ID Picture
- COA ID (Photocopy w/ 3 Specimen Signatures)

**Verified and Certified:**

\_\_\_\_\_

Name & SignatureDate

**Reviewed By (Manager):**

MARIBETH F. DE JESUS  
Name and Signature

Date: \_\_\_\_\_

**Recommending Approval by the Membership Committee:**

\_\_\_\_\_  
Name and Signature

Date: \_\_\_\_\_

**Approved/Confirmed by the Board of Trustees**

\_\_\_\_\_  
BOT Regular Meeting

Held on \_\_\_\_\_

Board Resolution No \_\_\_\_\_

**Posted in CAPLIS/SLIS:**

Name	Position	Date
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