

**REQUEST FOR REACTIVATION OF MUTUAL AID SYSTEM (MAS) MEMBERSHIP**

DATE: \_\_\_\_\_

TO: PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION  
245 Banawe St., Quezon City

This is to request from your office the reactivation of my MAS membership under Certificate number \_\_\_\_\_. In connection with my application for reactivation, I am submitting the following:

1. Duly accomplished medical questionnaire.
2. Full payment of my contribution arrears in the amount of P \_\_\_\_\_.

I understand that the approval of my application for reactivation will depend on the submitted documents. Effectivity of reactivation will take effect one (1) month from approval.

\_\_\_\_\_  
MAS Member (Signature over printed name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Contact Number