ANNEX "A"

MEMBERSHIP APPLICATION FORM

This Membership Application Form forms an integral part of the Terms and Conditions for Subscription of Ongoing Senior Care Services between **BIG HEARTS ADULT DAYCARE AND ASSISTED LIVING, INC.** and the undersigned Applicant.

A. APPLICANT INFORMATION

Full Legal Name	
Date of Birth / Age	
Sex	
Civil Status	
Nationality	
Government ID (Type ANDNo.)	
Senior Citizen ID No. (if any)	
PWD ID No. (if any)	
Tax Identification No. (TIN)	
Residence Address	
Mobile No. / Landline	
Email Address	
Occupation / Former Occupation	

B. AUTHORIZED REPRESENTATIVE / NEXT OF KIN

Full Name	
Relationship to Applicant	
Contact Number	
Email Address	

Residence Address	
Scope of Authority (attach SPA, if any)	

C. AUTHORIZED USER/S

Full Name	
Relationship to Applicant	
Contact Number	
Email Address	
Residence Address	

Full Name	
Relationship to Applicant	
Contact Number	
Email Address	
Residence Address	

Full Name	
Relationship to Applicant	
Contact Number	
Email Address	
Residence Address	

D. MEDICAL DISCLOSURE (SENSITIVE PERSONAL INFORMATION)

The Applicant hereby discloses the following for the preparation of the Individualized Care Plan. The information is treated as sensitive personal information.

Known Allergies	
Chronic Conditions (e.g., hypertension, diabetes)	
Current Medications	
Recent Hospitalizations (last 12 months)	
Mobility Status	
Cognitive Status	
Dietary Restrictions	
Primary Care Physician (Name & Contact)	
Advance Directive / DNR (attach, if any)	

E. MEMBERSHIP TYPE SELECTION

[ ] Silver Membership
[ ] Gold Membership
[ ] Platinum Membership

F. PACKAGE AND PAYMENT PREFERENCE

[ ] Bi-Annual (every six [6] months)
[ ] Annual
[ ] Multi-Year: ___ year(s) – Payment Mode: [ ] Lump Sum [ ] Annual Tranche

G. PAYMENT DETAILS

Subscription Fee (PHP)	
Applicable Discount (SC/PWD/Loyalty)	
Net Amount Payable (PHP)	
Payment Method	
Billing Name (if different)	
Billing Address	

H. DATA PRIVACY CONSENT

I, the Applicant, having been informed of the purposes of processing, the extent of disclosure, and my rights as a data subject under Republic Act No. 10173, hereby give my freely given, specific, informed, and evidenced consent to the collection, storage, use, and disclosure of my personal and sensitive personal information by **BIG HEARTS ADULT DAYCARE AND ASSISTED LIVING, INC**. and its affiliates, contractors, and healthcare partners, solely for purposes stated in Section 7 of the Terms and Conditions.

Signature over Printed Name: _____ Date: _____

I. ACKNOWLEDGMENT AND UNDERTAKING

By signing below, the Applicant:

(a) Acknowledges receipt of the Terms and Conditions and confirms having read and understood the same, including the non-pre-need nature of the service;
(b) Represents that the information provided is true and complete;
(c) Authorizes the Company to verify such information with third parties as reasonably necessary;
(d) Agrees to be bound by the Terms and Conditions, the Schedule of Services, and any amendments duly notified.

_____
Signature over Printed Name
Date: _____

ACCEPTED BY BIG HEARTS ADULT DAYCARE AND ASSISTED LIVING, INC.:

_____
Authorized Representative
Date: _____