

CAVITE SCHOOL TEACHERS AND EMPLOYEES ASSOCIATION INC.  
Province of Cavite Bldg. DepEd Compound  
Trece Martires City  
(046)-419-0697

December 14, 2021

ROMMEL C. BAUTISTA, CESO V  
Schools Division Superintendent  
Division of Cavite



Thru: The Public Schools District Supervisor  
Principals of Secondary Schools  
Principals of Senior High School

S I R :

I have the honor to request assistance from your good office once again to reiterate the appeal of CAVSTEA for membership of those who are not yet members for both teaching and non-teaching personnel. Likewise, we encourage the old members to activate and update their membership.

Your membership will take effect January 2022.

Hoping for your favorable action and consideration.

Truly yours,

A handwritten signature in black ink, appearing to read "Roman M. Salazar".

ROMAN M. SALAZAR  
CAVSTEA PRESIDENT

**NOTED:**

Handwritten initials "RCB" in black ink.

ROMMEL C. BAUTISTA, CESO V  
ADVISER

CAVSTEA MAS FORM

CAVSTEA MAS NO. \_\_\_\_\_  
(TO BE PREPARED IN DUPLICATE)

CAVITE SCHOOL TEACHERS AND EMPLOYEES ASSOCIATION, INC.  
TRECE MARTIRES CITY

MUTUAL AID SYSTEM, INC.

1. NAME \_\_\_\_\_ SEX \_\_\_\_\_ CIVIL STATUS \_\_\_\_\_  
(PRINT) (SURNAME) (GIVEN NAME) (MIDDLE INITIAL)

2. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

3. STATION \_\_\_\_\_ DESIGNATION \_\_\_\_\_  
(DISTRICT/SCHOOL) (State if Teacher/Principal, etc.)

4. NAME OF SPOUSE \_\_\_\_\_ NAME OF FATHER \_\_\_\_\_  
NAME OF MOTHER \_\_\_\_\_

5. BENEFICIARIES/ BENEFICIARY:

	NAME	ADDRESS	RELATIONSHIP	AGE	ALLOCATION
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____

6. DATE OF LAST PHYSICAL EXAMINATION \_\_\_\_\_

7. ARE YOU IN ACTIVE SERVICE? \_\_\_\_\_

8. DATE OF LAST MEMBERSHIP IN CAVSTEA \_\_\_\_\_

I hereby certify that the above information is true and correct, I further certify that I have read the Rules and Regulation pertaining to the MAS and which I shall fully abide by the terms of which without any reservation. SO, HELP ME GOD.

9. DATE \_\_\_\_\_ (WHEN APPLICATION WAS MADE) \_\_\_\_\_ (SIGNATURE OF APPLICANT)

10. APPROVAL RECOMMENDED:  
\_\_\_\_\_  
(LOCAL CHAPTER REPRESENTATIVE) (SIGNATURE OF IMMEDIATE SUPERVISOR)

11. APPROVED:

ROMAN M. SALAZAR, Ed. D.  
CAVSTEA PRESIDENT

12. \_\_\_\_\_  
( DATE OF APPROVAL)

NOTE: with this Application should be submitted P100.00 (Replenishment Fee, if the Application is an ACTIVE MEMBER OF THE CAVSTEA)