



Republic of the Philippines
Office of the President

PHILIPPINE DRUG ENFORCEMENT AGENCY

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**VOLUNTARY MUTUAL ASSISTANCE PROGRAM (VMAP1)
MEMBERSHIP FORM AND AUTHORITY TO DEDUCT**

I, _____, hereby declare that I voluntarily join the Voluntary Mutual Assistance Program (VMAP-PDEA) and hereby authorize the FMS to deduct the *amount of TWO HUNDRED PESOS (Php 200.00) initial contribution as new member of VMAP* and thereafter contribute *ONE HUNDRED PESOS (Php 100.00)* for every VMAP member who died.

IN WITNESS HEREOF, I hereunto set my signature this _____ day of _____, 2021 at PDEA _____ (Office/Service).

PRINT COMPLETE NAME & SIGNATURE

PLANTILLA POSITION

SERVICE/ REGIONAL OFFICE

