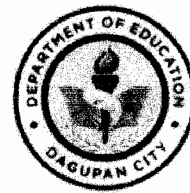


Republic of the Philippines
DEPARTMENT OF EDUCATION
Region I
SCHOOLS DIVISION OFFICE
Dagupan City



Division Memorandum No. 076, 2018

RELEASE
DEPED
DATE: 2-15-19
BY: [Signature] 9: [Signature]
In 2808

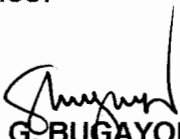
MEMO TO : Assistant Schools Division Superintendent
Chief Education Supervisors, SGOD & CID
Education Program Supervisors
Public Schools District Supervisors
All SDO Dagupan Personnel

FROM : Office of the Schools Division Superintendent

SUBJECT : PHILIPPINE RED CROSS MEMBERSHIP AND
ACCIDENT ASSISTANCE BENEFIT

DATE : February 13, 2019

1. In view of the strong partnership between DepEd and Philippine Red Cross, and in relation to Republic Act 10072, the Schools Division Office (SDO) of Dagupan City supports the Membership and Accident Assistance Benefit, that employees and students voluntarily enroll in.
2. The Philippine Red Cross humanitarian services are designed to alleviate human suffering, to save lives and to provide continuous service. Proceeds of support to this endeavor shall be for the PRC's Disaster Operations.
3. Anent to this, all Division personnel (teaching & non-teaching), together with the student learners are highly encouraged for voluntary membership with the Philippine Red Cross.
4. All registration forms and fees shall be directly submitted to the PRC headquarters at Perez Blvd., Dagupan City. Please refer to attached membership program and corresponding benefits.
5. For queries, please coordinate with the SDO through DRRM at 075-615-2647 and PRC at 075-540-3005/09121127797 through Mr. Jude Andranida, the Membership Officer.
6. For your information, guidance and compliance.

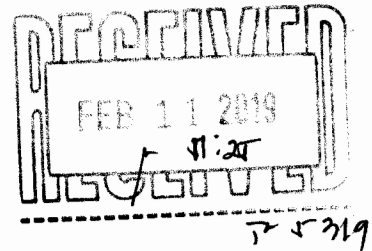

LORNA G. BUGAYONG, CESO VI
Schools Division Superintendent
[Signature]



PHILIPPINE RED CROSS
PANGASINAN CHAPTER - DAGUPAN CITY BRANCH

February 7, 2019

DR. LORNA BUGAYONG
Superintendent
Department of Education
Dagupan City Division



Dear Dr. Bugayong,

Greetings!

The Philippine Red Cross is mandated as an auxiliary to the authorities of the Republic of the Philippines in the humanitarian field. There are six (6) humanitarian services of the Philippine Red Cross designed to alleviate human suffering, to save lives, and to provide continuous service.

With this, may we ask for your **support to one of our programs, which is the Membership and Accident Assistance Benefit, that the employees, and Students be enrolled. The Categories of the Membership and the section 6 of Republic Act 10072 is attached for your perusal.**

Your support to this endeavor shall be recognized, and will be of big help to the suffering humanity, for the proceeds of this, will be for our Disaster Operations.

We shall be doubly humbled should you grant us with this request. Should you have any queries and/or clarifications, please do not hesitate to contact us with the following details: (075) 540.3005 / 09121127797 and look for Mr. Jude Adranida, our Membership Officer.

Thank you.

Sincerely:

[Signature]
MA. CARMELA R. MARARAC
Branch Staff In-Charge, Dagupan City

[Handwritten initials]

Noted:

[Signature]
Florame S. Magalong
Chapter Administrator

#REDCROSS *Re-directing the Emancipation of Deliverance Across the Needs of Humanity*

Main Office: Herrero-Perez, Dagupan City | E-mail: prcpangasinanfb@gmail.com | FB Page: Philippine Red Cross - Pangasinan Chapter
Contact Details: (075) 632-3296 | (075) 540-3005 | Blood Center (075) 632-2472 | 0998-7939130

Republic Act 10072

AN ACT RECOGNIZING THE PHILIPPINE NATIONAL RED CROSS AS AN INDEPENDENT, AUTONOMOUS, NONGOVERNMENTAL ORGANIZATION AUXILIARY TO THE AUTHORITIES OF THE REPUBLIC OF THE PHILIPPINES IN THE HUMANITARIAN FIELD, TO BE KNOWN AS THE PHILIPPINE RED CROSS

SEC. 6. Membership. - Membership in the Philippine Red Cross shall be open to the entire population in the Philippines regardless of citizenship. Any contribution to the Philippine Red Cross Annual Fund Campaign shall entitle the contributor to membership for one (1) year and the said contribution shall be deductible in full for taxation purposes.

MEMBERSHIP PROGRAM

ACCIDENTAL DEATH
DISMEMBERMENT AND
DISMEMBERMENT UNPROVOKED
MURDER
AND ASSAULT ACCIDENTAL
MEDICAL
REIMBURSEMENT ACCIDENTAL
BURIAL
ASSISTANCE DAILY HOSPITAL
REIMBURSEMENT
(MAX 90 DAYS)

	ACCIDENTAL DEATH DISMEMBERMENT AND DISMEMBERMENT	UNPROVOKED MURDER AND ASSAULT	ACCIDENTAL MEDICAL REIMBURSEMENT	ACCIDENTAL BURIAL ASSISTANCE	DAILY HOSPITAL REIMBURSEMENT (MAX 90 DAYS)
P60 CLASSIC (Ages 5-25 years old)	12,000 ⁰⁰	12,000 ⁰⁰	5,000 ⁰⁰	5,000 ⁰⁰	150/DAY
P150 PREMIER BRONZE (Ages 5-65 years old)	35,000 ⁰⁰	35,000 ⁰⁰	5,000 ⁰⁰	5,000 ⁰⁰	150/DAY
P300 PREMIER SILVER	100,000 ⁰⁰	100,000 ⁰⁰	10,000 ⁰⁰	5,000 ⁰⁰	200/DAY
P500 PREMIER GOLD (Ages 21-65 years old)	200,000 ⁰⁰	200,000 ⁰⁰	10,000 ⁰⁰	5,000 ⁰⁰	200/DAY
P1000 PREMIER PLATINUM (Ages 5-65 years old)	300,000 ⁰⁰	300,000 ⁰⁰	10,000 ⁰⁰	5,000 ⁰⁰	200/DAY
P300 SENIOR (Ages 65-80 years old)	50,000 ⁰⁰	50,000 ⁰⁰	5,000 ⁰⁰	5,000 ⁰⁰	100/DAY
P350 SENIOR PLUS (Ages 81-85 years old)	50,000 ⁰⁰	50,000 ⁰⁰	5,000 ⁰⁰	5,000 ⁰⁰	100/DAY



Philippine Red Cross
Pangasinan Chapter
Address: Peraz St., Dagupan City
Telefax No. : (075) 832 - 3296
Email : pangasinan@prc.org.ph
Website : www.prc.org.ph

GROUP MEMBERSHIP APPLICATION FORM

Member's Profile					<i>To be filled in by PRC Staff</i>
1	Name: Birthday:	Blood Type:	Address: Contact Number:	Type of Membership:	ID Number: Validity:
2	Name: Birthday:	Blood Type:	Address: Contact Number:	Type of Membership:	ID Number: Validity:
3	Name: Birthday:	Blood Type:	Address: Contact Number:	Type of Membership:	ID Number: Validity:
4	Name: Birthday:	Blood Type:	Address: Contact Number:	Type of Membership:	ID Number: Validity:
5	Name: Birthday:	Blood Type:	Address: Contact Number:	Type of Membership:	ID Number: Validity:
6	Name: Birthday:	Blood Type:	Address: Contact Number:	Type of Membership:	ID Number: Validity:
7	Name: Birthday:	Blood Type:	Address: Contact Number:	Type of Membership:	ID Number: Validity:
8	Name: Birthday:	Blood Type:	Address: Contact Number:	Type of Membership:	ID Number: Validity:
	Name: Birthday:	Blood Type:	Address: Contact Number:	Type of Membership:	ID Number: Validity:
	Name: Birthday:	Blood Type:	Address: Contact Number:	Type of Membership:	ID Number: Validity: