

**REGULAR MEMBERSHIP APPLICATION**  
**PERSONAL INFORMATION**

Name	Surname	First Name	Middle name
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	(mm/dd/yyyy)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Date of Birth			
Name of Spouse			
Present Address	<input type="checkbox"/> Owned <input type="checkbox"/> Rented/Boarder <input type="checkbox"/> Living with Parents/Relatives		
Permanent Address			
Mobile Number	Home Phone Number		
BPI / BFB Account No.	<input type="checkbox"/> SA <input type="checkbox"/> CA	Position	
SSS ID No.	<input type="checkbox"/> Director/Executive <input type="checkbox"/> Officer		
Company Name	<input type="checkbox"/> Supervisor <input type="checkbox"/> Staff		
Office Address			
Employee No.			
Date Hired	Office Email Address Personal Email Address Office Phone Number		

**APPLICATION TYPE**

- New Member       Re - Activate       Update Records ( e.g. change of status, address, etc. )  
 Transfer From \_\_\_\_\_ To \_\_\_\_\_

**FOR ACTIVE EMPLOYEE**

**CAPITAL BUILD-UP PLEDGE**

I declare that the information herein above written is correct, further I have read and understood the policies, rules, etc. of the Coop as contained in the website and other communication channels of the \_\_\_\_\_ Cooperative. I also agree to the terms and conditions therein contained.

I hereby subscribe to the \_\_\_\_\_ Cooperative common shares at P500 per share and my contribution per payday for continued capital build-up is:

P \_\_\_\_\_ / per payday  \_\_\_\_\_ (amount of your choice)

This serves as an authorization for salary deduction for capital contribution and any future loan amortization to be paid to the Coop hereafter. I acknowledge that I have read, understood and/or have been duly informed of the terms and conditions pertaining to the data privacy practices of the Coop.

\_\_\_\_\_  
Signature over Printed Name of Applicant

\_\_\_\_\_  
Date

**BENEFICIARIES (Surname, First name, Middle name)**

Fullname (Last, First, Middle)	Date of Birth	Relationship to the Member
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

*\*Disclaimer: If no beneficiaries nominated, the Coop will follow the legal heirs based on hierarchy rule: spouse for married and parents for single member\**

**COOP APPROVAL**  
(To be filled out by Coop)

Membership ID No:	_____
Date Approved in MLMS:	_____
Start Date of Salary Deduction:	_____
Received by:	_____

**NOTE:** Please send the accomplished form through email to \_\_\_\_\_