

REGULAR MEMBERSHIP APPLICATION
PERSONAL INFORMATION

Name	Surname	First Name	Middle name
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	(mm/dd/yyyy)		
Name of Spouse	Marital Status		
Present Address	<input type="checkbox"/> Single <input type="checkbox"/> Married		
	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
	<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		
SSS ID No.	Position		
Company Name	<input type="checkbox"/> Director/Executive <input type="checkbox"/> Officer		
Office Address	<input type="checkbox"/> Supervisor <input type="checkbox"/> Staff		
Employee No.	Office Email Address		
Date Hired	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 _____