



PERPETUAL HELP COMMUNITY COOPERATIVE  
Dumaguete City

APPLICATION FOR MEMBERSHIP

PERSONAL DATA:

Name: \_\_\_\_\_  
(Surname/Apelyido) (First Name/Ngalan) (Middle Name)  
Nickname: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Age: \_\_\_\_\_ Religion: \_\_\_\_\_  
Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Type: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Tel / Cell No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Educational Attainment: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Salary / Income: \_\_\_\_\_  
Employer / Office: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
No. of Dependents: \_\_\_\_\_ Other coop membership: \_\_\_\_\_

BENEFICIARY: ONLY CLOSE RELATIVES WHO ARE 18 YEARS OLD & ABOVE ARE ACCEPTED.

Primary: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Alternate: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

REFERENCES: Give the names and addresses of two reliable references that can vouch your character.  
(not related to you)

Name	Address
_____	_____
_____	_____

CERTIFICATION

I hereby certify that the above information is true and correct to the best of my knowledge. Signed  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

ID Presented : \_\_\_\_\_  
ID Number : \_\_\_\_\_  
Verified by : \_\_\_\_\_  
Signature of Applicant

PMES Batch: \_\_\_\_\_ New: ☐ Refresher: ☐ Date: \_\_\_\_\_ Client ID #: \_\_\_\_\_  
Remarks: \_\_\_\_\_

DETAILS OF PAYMENT:

Amount tendered .....P \_\_\_\_\_  
Less: Miscellaneous: P \_\_\_\_\_  
Share Capital: \_\_\_\_\_  
Savings Deposit: \_\_\_\_\_  
Others: \_\_\_\_\_  
Change .....P \_\_\_\_\_

Payment Received by : \_\_\_\_\_

PERPETUAL HELP COMMUNITY COOPERATIVE  
San Jose Extension, Dumaguete City

Pax No: \_\_\_\_\_ Sequence No: \_\_\_\_\_ Client ID No: \_\_\_\_\_  
Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Signature of Applicant