

Manager



DALDESCO PRINTING SERVICE COOPERATIVE

Purok Malipayon, Gante II, Magugpo West, Tagum City
Tel No. (084) 308-4793, Mobioe Phone NO. 0933-863-8324

APPLICATION FOR MEMBERSHIP (INDIVIDUAL)

I hereby apply for membership in the
DALDESCO PRINTING SERVICE COOPERATIVE

and agree to faithfully obey its rules and regulations as set down in its By-Laws, policies and amendments thereof, and the decisions of the General Assembly meetings as well as those of the Board of Directors.

*I have paid the required membership fee of **P500.00***

I also, hereby pledge to subscribe initially for _____ share/shares (common stock) with a par value of _____ of the Capital Stock of said cooperative and to pay the amount of _____ equivalent to _____ share/shares as my initial paid-up capital. The balance of my subscription I promise to pay in monthly/ quarterly/semi-annually installments of _____.

PERSONAL DATA:

Name:		
Present Address:		
Civil Status:	Gender:	Citizenship:
Date of Birth:		
Place of Birth:		
Occupation:		
Present Employer:		

LIST OF DEPENDENTS:

NAME	AGE	RELATIONSHIP

Signature of Applicant

This application was approved by the Board of Directors of DALDESCO in its meeting held on ____, 20__.

Sofronio V. Talisic
Chairperson of the Board

Precy L. Manla
Secretary of the Board



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DALDESCO MORTUARY

“Dayong”

CERTIFICATE OF COVERAGE

Membership

This is to certify that

Name of Member

has been registered as member of the DALDESCO Mortuary Program and is entitled to all rights/ privileges and benefits relative thereto.

This certificate of Coverage is valid only for one (1) year from the date of effectivity.

Effective Date: _____ Maturity Date: _____

Benefits:

Cash Assistance- P 10, 000.00

Wreath or cash- P 500.00

Manager

Chairperson

This Certificate of Coverage is subject to the Terms
and Conditions stated at the back hereof

TERMS AND CONDITIONS ON DALDESCO MORTUARY

OBJECTIVE

The DALDESCO Mortuary Aid Program is established for cash assistance of individual members regardless of age and health condition in aid for funeral and burial services

DEFINITION

COVERED MEMBER. An individual DALDESCO member who has initially deposited the said fund of P500.00 that shall be deducted from the Interest on Share Capital & Patronage Refund and is issued the corresponding, Mortuary Policy Certificate by DALDESCO.

POLICY SPECIFICATIONS

- Each Member shall contribute P100.00 per death & shall be deducted from the said fund deposited by the member. However, DALDESCO reserves the right to establish new premium rate as it deems fit and advisable.
 - Immediate family member shall only be the one to claim the mortuary aid of ten thousand (P10,000.00) and a wreath.
 - The said fund collected from the members shall be deposited in a separate Bank Account.
 - The signatories of the bank account where the said fund was deposited shall be appointed by the board of directors.
 - In the event during the year, the said fund of the member will be exhausted, he/she has to be collected an amount of one hundred (P100.00) pesos per death.
 - The said fund of the mortuary program shall always be replenished every year & shall be deducted from its patronage refund & interest on share capital every year.
 - **PERIOD OF COVERAGE.** Each member who is qualified shall become eligible on the date he/she has deposited the said fund of P500.00.
 - **TERMINATION OF MEMBER'S COVERAGE.** The mortuary of a member shall automatically be terminated (thus, his heirs and/or designated beneficiaries can no longer claim any benefits thereto) on the following circumstances.
 1. When the member has been expelled from the cooperative
 2. When the member has voluntarily terminated his membership
 3. When the member fails to pay the premium for the next applicable year, on or before the date of termination for the current year.
 - **BENEFICIARY:** A member shall designate his legal beneficiary upon his coverage hereunder, and may at any time hereafter, designate a new beneficiary by filing through the Secretary of DALDESCO, a written request
- That upon the death of a Covered Member, the indemnity for the loss of life of a member shall be payable to his designated surviving beneficiary or if there is no legal beneficiary designated, or on default thereof, or when the designated beneficiary pre-deceased the Covered-Member, the benefit shall be given to the lawful surviving heirs in accordance with the law of succession
- **PREMIUM PAID NON-REFUNDABLE.** When the mortuary of a Member has been automatically terminated as herein provided, the premium paid by him/her is non-refundable.

BIO-DATA



PERSONAL DATA:

Position Desired: _____

Name: _____

Municipal/City Address: _____

Provincial Address: _____

Place of Birth: _____

Civil Status: _____

Occupation: _____

Color of Hair: _____

Spouse: _____

Languages or Dialects You Can Speak or Write: _____

Date: _____

Sex: _____

Height: _____

Weight: _____

Date of Birth: _____

Citizenship: _____

Religion: _____

Color of Eyes: _____

Mobile Phone: _____

Contact Person In Case of Emergency: _____

Address/Mobile Phone: _____

EDUCATIONAL ATTAINMENT:

Elementary: High

School: Vocational

Course: College:

Course: _____

Year Graduated: _____

Year Graduated: _____

Year Graduated: _____

Year Graduated: _____

Special Skills: _____

NAME OF CHILDREN:

DATE OF BIRTH:

Father’s Name: _____

Mother’s Name: _____

Address: _____

Occupation: _____

Occupation: _____

EMPLOYMENT RECORD: (from present work backward)

From	To	Position	Company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHARACTER REFERENCES

Not Related To You		
Name	Occupation	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cedula No. _____

Issued at: _____

Issued on: _____

SSS No.: _____

Tax Identification No.: _____

I hereby certify that the above information is true and correct to the best of my knowledge & belief.

Applicant’s Signature



DALDESCO PRINTING SERVICES COOPERATIVE

Purok Malipayon, Gante II, Magugpo West, Tagum City

Tel. Nos. Mobile Phone No. 0933-863-8324

E-mail Add: daldescoprintingpress@yahoo.com

MEMBERSHIP SUBSCRIPTION AGREEMENT

The Board of Directors

DALDESCO Printing Service Cooperative

Purok Malipayon, Gante II, Magugpo West, Tagum City

Sir/Madam:

The undersigned would like to subscribe ____ common ____ preferred shares with par
(No. of shares)
value of One Thousand Pesos (P1,000.00) amounting to _____
(amount in words)

(P _____) to be paid within a period of _____ starting _____
(term) (mm/dd/yr)

I pledge to comply the following terms and conditions stated below:

I. Term of payment:

- ☐ Lumpsum ☐ Monthly
☐ Bi-monthly ☐ Quarterly

Others (please specify) _____

II. Amount: _____

III. Mode of payment

- ☐ Payroll deduction
☐ Check (preferably Manager's check)
☐ Others (please specify) _____

The provision of this agreement, the Articles of Cooperation and By-Laws have been explained to me and I understood same as I agree to abide.

In all of the above undertaken, I am aware that the Board of Directors and/or the Cooperative may impose sanction against me or perform any acts necessary, if failed to comply such terms and conditions.

In witness hereof, I have hereunto affixed my signature/right thumbmark this ____ day
of _____, 20 ____.

Signature/Right thumbmark of Applicant