

SPU Multi-Purpose Cooperative

Tuguegarao City, 3500 Cagayan North

CDA Registration No. 9520-02000436

Coop. Identification No. 0104020540

email @ [spumultipurposecoop@yahoo.com](mailto:spumultipurposecoop@yahoo.com)

Pls. Attach 1x1 Latest I.D. picture

MEMBERSHIP FORM AND

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSCRIPTION AGREEMENT CONTRACT

Coop No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply for new member renew member in the SPU Multi-Purpose Cooperative and agree to faithfully comply with the following terms and conditions:

1. Pay a membership fee of One Hundred Pesos (Ps.100.00);
2. Subscribe a minimum of One Hundred Fifty (150) common shares with par value of One Hundred Pesos (Ps.100.00) per share and initially pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ps.\_\_\_\_\_\_\_\_\_\_\_\_ ) as requirement for membership;
3. Pay the balance of my subscription within \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) months in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ps. \_\_\_\_\_\_\_\_\_\_\_\_ ) through payment over-the-counter or Salary Deduction provided it will not exceed two (2) years from the date of my application;
4. Abide the Articles of Cooperation and By-Laws, Rules and Policies of the SPU Multi-Purpose Cooperative;
5. Give authority to the Treasurer’s Office of St. Paul University Philippines to deduct from my salary whatever is due to SPU Multi-Purpose Cooperative, in payment of my share capital, loans and other obligations;
6. In the event that I will resign or I will retire from the institution and would like to cease my membership in the said cooperative, I promise to pay in full whatever balance I shall have incurred during the duration of my membership;
7. It is understood that my share capital shall not be withdrawn either partially or in whole amount during the incumbency of my membership with SPU Multi-Purpose Cooperative.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature over printed name)

**P E R S O N A L D A T A**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ (surname) (given name) (middle name)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Civil Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIN : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Time Part Time

Employment Status: Permanent Contractual Probation Present Basic Monthly Sal.: \_\_\_\_\_\_\_\_

Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Educ. Attainment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Income from other source(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Dependent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion/Social Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Beneficiaries: Relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To all foregoing, I certify

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature over printed name)

Type of membership: Regular Associate Action Taken: Approved Disapproved

This application for membership was deliberated by the Board of Directors during its monthly regular meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secretary





Do not write beyond this point (reserved for coop use only)