PIWONG MULTI-PURPOSE COOPERATIVE
HEAD OFFICE PIWONG, HINGYON, IFUGAO
CDA REG. NO. 9520-15005129 piwongmpc@gmai.com

ACCOUNT NO: _____

MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

NAME:	(FIRST NAME, MIDDLE NAME, LAST NAME, NAME EXTENSION IF ANY)
SPOUSE NAME:	(**IF MARRIED**) (FIRST NAME, MIDDLE NAME, LAST NAME, NAME EXTENSION IF ANY)
PRESENT ADDRESS:	(SITIO/ PUROK, STREET, BARANGAY, MUNICIPALITY, PROVINCE/ CITY)
PERMANENT ADDRESS:	(SITIO/ PUROK, STREET, BARANGAY, MUNICIPALITY, PROVINCE/ CITY)

DATE OF BIRTH: (MM/DD/YYYY)	AGE:	NATIONALITY:	CIVIL STATUS:	TIN: (TAX IDENTIFICATION NUMBER)
PLACE OF BIRTH: (CITY/MUNICIPALITY/ PROVINCE)	GENDER: ☐ MALE ☐ FEMALE		RELIGION:	CONTACT NUMBER:
HIGHEST EDUCATIONAL ATTAINMENT:				

EMPLOYMENT INFORMATION

OCCUPATION:	EMPLOYER/ ADDRESS: (BUSINESS FOR SELF EMPLOYED)	STATUS OF EMPLOYMENT:
SPOUSE OCCUPATION:	EMPLOYER/ ADDRESS: (BUSINESS FOR SELF EMPLOYED)	STATUS OF EMPLOYMENT:

ASSIGNMENT

In the event of death, I hereby appoint (nearest relative) _____ who is related to me as my _____ to be my beneficiary and successor in interest claim whatever benefits due to me such as my Share Capital from this cooperative or to continue my membership provided it is in accordance with the Coop policies and procedures.

IN WITNESS WHEREOF, I have hereto affixed my signature/thumb mark this _____ at _____.

_____
Name & Signature of Applicant

HEALTH DECLARATION

	YES	NO
Are you in good health and free from any kind of disease?		
Have you ever consulted a physician for any health conditions such as high blood pressure, diabetes, malignancies, lung ailments, heart ailments and others? If YES kindly disclose details on the space provided such kind of illness/ disease (diagnosis), name of doctor and hospital, medicine taken, date of operation, results, doctor's recommendations and other information. _____ _____		
Have you ever been hospitalized or had any minor/ major surgery in the last 5 years? If YES kindly disclose details such as the name of doctor and hospital, medicine taken, date of operation, results, doctor's recommendations and other information. _____ _____		

I hereby certify that all the forgoing answers and statements are true and correct. I agree that this shall be a basis of the approval of my membership application and can be a ground for the revocation of my membership in the future if found incorrect.

IN WITNESS WHEREOF, I have hereto affixed my signature/thumb mark this _____ at _____.

Date of Membership
_____

_____
Name & Signature of Applicant

OATH OF UNDERTAKING

I, _____, married to _____ and a resident of _____hereby agree to be a member of the PIWONG MULTI-PURPOSE COOPERATIVE. I have completed the training course prescribed to be a member of this Cooperative. In connection with my membership, I, hereby agree to the following terms and conditions:

1. To comply with the provisions of the Articles of Incorporation, By-Laws and Policies set by the Board of Directors, General Assembly as well as the acts of duly constituted authorities and failure in my part to do so, this cooperative has the option to :
   a) Impose fines; b) Suspend; c) expel me from my membership where upon all benefits shall be answerable to my liabilities in this Cooperative;
2. To attend all meetings, Cooperative activities and seminars as required by the Board of Directors;
3. Participate in planned Thrift and Savings Program of the Cooperative by:
   a) Subscribing at least 25% of the subscribed share capital at Php1000 per share to be paid within 2 years from date of subscription;
   b) Paying at least 5 shares of my subscription at the date of my membership.
   c) And to add to my share capital of whatever dividends and patronage refund due to me.
4. To pay my membership fee of Php _200_, Passbook fee of Php _50__, PMES of Php _____. To become a member of the MORTUARY AID SYSTEM and pay the premium of Php 400 upon membership and the annual contribution for the following years;
5. To become a member of the LUMINGGOPAN HEALTH CARE PROGRAM and pay the premium and membership fee of Php _300_ upon membership and Php 250_ annually for the following years.
6. To allow my Share Capital to pay past due obligations such as fines, past due interest, and past due loan.
7. To comply with the directives of duly constituted authorities as well as the decision of Board of Directors regarding the operational policies of the PIWONG MULTI-PURPOSE COOPERATIVE.

The provision of this agreement, Articles of Cooperation and By-Laws have been explained to me and I understood and agreed with all of them.

In all the above undertakings, I am aware that the Board of Directors and this Cooperative may impose sanctions against me or perform any acts necessary to make the sanctions effectively.

IN WITNESS WHEREOF, I have hereto affixed my signature this _____ at _____

_____
Name & Signature of Applicant

We CERTIFY that the applicant has undergone Pre- Membership Educational Seminar which is a basic requirement for membership at _____ on _____.

_____
Education Committee Chairman

CERTIFICATION

We hereby CERTIFY that the membership application of _____ at PIWONG MULTI-PURPOSE COOPERATIVE has been approved in the meeting held at Piwong Multi-Purpose Cooperative conference hall on _____, 20_____.

ATTESTED BY:

JOHN N. BOLLA
Board Chairperson

NANCY G. NALUNNE
Board Secretary

PIWONG MULTI-PURPOSE COOPERATIVE
Main Office: Piwong, Hingyon, Ifugao
CDA Reg. No. 9520-15005129

MUTUAL AID SYSTEM MEMBERSHIP FORM

Please print legibly:

1. Name : _____ _____ _____
   Last Name First Name Middle Name
2. Date of Birth: _____ Place of Birth: _____
3. Civil Status: (___) Single (___) Married (___) Separated (___)Widow/er
4. Home Address: _____
   _____
5. Present Address: _____
   _____
6. Present Occupation: _____
7. Business Address: _____
   _____
8. Beneficiaries: (*Print full Name: Beneficiaries share equally unless otherwise stated*)

BENEFICIARIES	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. I do hereby declared and agree:
   1. That my membership to the PMPC- MAS shall not commence unless my application for regular membership has been approved by the Board of Directors and that my membership fee and first annual due has been paid;
   2. That the By-Laws of PMPC Mutual Aid System which are now enforced or which may at any time be amended shall be binding upon me and my beneficiaries;
   3. That I have read and understood the content of this form and that each and every answer made by me is true and correct to the best of my knowledge and belief.

_____
Name and Signature of Applicant

C E R T I F I C A T I O N

This is to certify the application of _____ has been evaluated together with its supporting documents and found the individual qualified for membership to the PMPC – MAS.

Signed this _____ day of _____ 20___.

_____
Manager