



HLURB MULTI-PURPOSE COOPERATIVE
Kalayaan Avenue cor., Mayaman St., Diliman, Quezon City

APPLICATION FOR MEMBERSHIP

I, _____ hereby apply for membership in the HLURB Multi-Purpose Cooperative as regular member. I agree to faithfully obey/abide by the rules and regulations set forth in its Articles of Incorporation and By-Laws.

I hereby pledge to:

1. Attend and finish the prescribed membership orientation/seminar;
2. Pay the membership fee of Php 200.00 (or as may be determined by the BOD).
3. Participate in the following savings program:
 - a. Subscribe for at least _____ shares and pay the same either in lump sum or in regular monthly instalment, under the terms and conditions prescribed in the Membership Agreement;
 - b. Contribute a maximum of Php 200.00 (or as may be determined by the BOD) in to the share capital; and
 - c. Contribute into the share capital at least _____ % of the annual interest on capital (or as may be determined by the BOD) and patronage refund due me.
4. Comply with the membership subscription agreement. Hereunder is my personal information for your reference and consideration.

Signature over Printed Name

(Date)

(Place)

PERSONAL DATA:

Name: _____ Civil Status: _____

Birthplace: _____ Date of Birth: _____

Present Address: _____

Occupation: _____ Salary (Monthly) Php: _____

Program/Region: _____ Position: _____

Office Address: _____

Name of Father: _____ Name of Mother: _____

Name of Spouse (if married) : _____ Occupation: _____

Name/ Age of Children/ 1. _____

Benificiary/ies 2. _____

3. _____

This is to certify that this application for membership was approved / disapproved by the Board of Directors in its meeting on _____, 20 ____

Secretary

Membership No. _____

MEMBERSHIP SUBSCRIPTION AGREEMENT

The undersigned hereby offers to subscribe for the capital share as approved by the BOD of the HLURB Multi-Purpose Cooperative set forth in this Subscription Agreement.

By execution of this Subscription Agreement, the undersigned hereby acknowledges that the undersigned understands and agrees to comply with its obligations as follows:

1. To comply with the provisions of the Articles of Incorporation, the By-laws, the policies set by the Board, the General Assembly, as well as the acts/directives of duly constituted authorities, and that, failure on my part to do so, the HLURB Multi-Purpose Cooperative at its option, may:
 - a) Fine,
 - b) Suspend, or
 - c) Expel me from membership, whereupon my liabilities to the HLURB Multipurpose Cooperative (if any) shall be chargeable against my shareholdings.
2. To attend all meetings, conferences and seminars as required by the Board of Directors and failure on my part to do so, unless previously excused by the Board, to pay the fine of Php. _____ or as may be determined by the BOD.
3. To pay the membership fee of Php. 200.00 (or as may be determined by the BOD).
4. To participate in the thrift and savings program of the cooperative by:
 - a) Subscribing for at least _____ shares valued at _____ (Php. _____) and paying for the subscribed shares either in lump sum or in regular installment, to pay at least the value of one share on or before the organizational meeting and the balance upon approval by the Board of my application for membership, in regular monthly installment of _____ (Php. _____).
 - b) Contributing to the share capital a maximum of Php. 200.00 (or as may be determined by the BOD); and
 - c) Contributing at least one percent (1%) of every regular loan granted and at least ____ % of the annual interest on capital (or as may be determined by the BOD) and patronage refund due me.

By affixing my signature below, I am fully aware and understood the provisions of this Agreement, the Articles of Incorporation and By-laws, and agree to abide by the abovementioned conditions as well as the imposition of sanctions against me in case of commission of acts not in accordance or against the said provisions.

In witness hereof, I have hereunto affixed my signature and right hand thumb mark this _____ day of _____ 20 ____ .

Accomplished: _____

(Date)

(Place)

Signature over Printed Name



Right Thumb Mark