BESAO MULTIPURPOSE COOPERATIVE

Kin-iway, Besao, Mountain Province

Contact No.: 09466778593 / 09399020670

Email Address: besaomultipurposecoop@yahoo.com.ph

**APPLICATION FOR REGULAR MEMBERSHIP**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply for membership in the BESAO MULTIPURPOSE COOPERATIVE; I agree to obey faithfully its rules and regulations as set down in its Articles of Cooperation and By-Laws, the decision of the general membership and meetings of those of the Board of Directors.

 I hereby pledge to:

1. Attend and finish the pre-membership seminar.
2. Pay the required membership fee of P100.00.
3. Participate in the following savings program:
4. Subscribed for at least \_\_\_\_\_\_\_\_\_\_ shares & pay for them either in lump sum or installment.
5. Contribute into the share capital at least 20% of the annual interest on share capital and patronage refunds due me.
6. Comply with the membership and subscription agreement. For your consideration, I do hereby include my Personal Data.

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

 Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status: \_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_

Facebook Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address / Residence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address in Besao / Provincial Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer/Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Attainment: ( ) Elementary ( ) High School ( ) Vocational ( ) College Level ( ) College Graduate

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

Name of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Status: \_\_\_\_\_\_\_\_ Owned \_\_\_\_\_\_\_\_\_\_\_\_ Rental \_\_\_\_\_\_\_\_\_\_\_\_ Family House

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| --- | --- | --- |
| **BENEFECIARY/IES** | **RELATIONSHIP** | **DATE OF BIRTH** |
|  |  |  |
|  |  |  |
|  |  |  |

**MEMBER IN OTHER COOPERATIVE / BANKS**

|  |  |  |
| --- | --- | --- |
| **NAME OF COOPERATIVE / BANKS** | **ADDRESS** | **DATE OF MEMBERSHIP** |
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|  |  |  |
|  |  |  |

**IN THE EVENT OF DEATH**, I appoint the above **LISTED BENEFICIARY/IES** to withdraw/receive the proceeds of my fixed deposits or any benefits I am entitled to.

 I, hereby, certify that all the above information is true and correct.

 Any false statement given above upon verification shall be an automatic cause of disqualification of my membership.

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

 **Applicant’s Name & Signature**

***Submit this application together with 2x2 ID picture, Birth Certificate or Marriage Certificate, photocopy of one valid ID, and Barangay Residence Certificate with Sketch.***

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|  I certify that the above applicant have completed the Pre-Membership Seminar as a pre-requisite for Regular Membership on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Certifying Officer Recommending Officer** |
|  This application was approved by the Board of Directors on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Director Director Director Director Director** |