



DCCCO Multipurpose Cooperative

MEMBERSHIP APPLICATION

Regular Associate



Membership No. _____

Personal Information

Prefix* <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Atty. <input type="checkbox"/> Others _____		Suffix ___ Sr. ___ Jr. ___ I ___ II ___ III ___ Others _____		Birthdate (mm/dd/yyyy)	Age*
Last Name	First Name	Middle Name	Nickname	Mother's Maiden Name	
Gender	Civil Status	Nationality		TIN	

Other Information

Profession	Occupation	Employment Status ___ Employed ___ Self-Employed ___ Unemployed ___ Others (specify) _____			
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Address

<input type="checkbox"/> Current Address* (Room/ Floor/ Bldg. Name/ No./ Street/ Subdivision) <i>Barangay</i> <i>City/Municipality</i> <i>Province</i>				Years of Residence
<input type="checkbox"/> Permanent Address* (Room/ Floor/ Bldg. Name/ No./ Street/ Subdivision) <i>Barangay</i> <i>City/Municipality</i> <i>Province</i>				Years of Residence

Contact Information

Mobile Number	Telephone Number (Residence)	Telephone Number (Office)	Email	Facebook Account
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Immediate Family Information

	Last Name	First Name	Middle Name
Spouse			
Children			
Father			
Mother			

DCCCO DAMAYAN PROGRAM ACKNOWLEDGEMENT

I, _____, of legal age, single/ married/ widow/ widower, and a resident of _____ do hereby acknowledge that I have read, fully understood, and agree with the terms conditions and implementing guidelines of the DCCCO Damayan Program as discuss during the PMES.

Beneficiaries (For Damayan Purposes)

Name	Birthdate	Relationship	Contact Number

MEMBERSHIP AND SUBSCRIPTION AGREEMENT FOR COMMON/ PREFERRED SHARES

I hereby pledge to participate in the Capital build-up program of DCCCO by:

1. Paying the membership fee of _____ pesos (₱ _____).
2. Subscribing at least _____ () common/ preferred share/s and pay the sum of at least _____ pesos (₱ _____) representing the value of _____ () shares, upon submission of my application for membership.
3. Paying my remaining subscribe capital of _____ pesos (₱ _____) within a period of not beyond 1 year. It is understood that the share capital shall not be withdrawn during my membership. It is fully understood that my total paid-up common share remain below the minimum of One Thousand Pesos (₱1,000.00).
4. Making regular daily/ weekly/ semi-monthly/ bi-monthly/ quarterly Savings deposit in the sum of _____ pesos (₱ _____).
5. Depositing the amount of _____ pesos (₱ _____) for Damayan Program and
6. Paying the Annual Dues as required for members.

Signature over Printed Name

Sketch of the route to the residence (Indicate the Landmark as Guide)



Privacy Notice

These information shall be used to provide you benefits and services as a member of DCCCO and for research and marketing purposes.

By providing your personal information, you have expressed authority and consent to our collection, use retention, disclosure and storage of the said personal data. We maintain physical, technical and organizational safeguards to protect your personal data against loss, unauthorized access, processing, disclosure and modification. In line with this, we also require our third-party service providers to take precautions in keeping your personal data confidential as required under RA 10173.

I hereby apply for membership with the **DCCCO Multipurpose Cooperative** and agree to faithfully obey its rules and regulations as set forth in its by-laws and amendments thereof, the general membership as well as the Board of Directors' decisions and resolutions.

I certify that all the information given in this two (2) page membership form are true and correct to the best of my knowledge and ability. Further, I acknowledge and authorize further disclosure of my personal information as mandated by applicable laws (RA 9520, RA 9510, RA 10173) among others.

Signature Over Printed Name

Date Submitted

To be filled-out by DCCCO:
Approved/ Disapproved:

Reason(s) for disapproval: _____

Recorded by: _____

Secretary

_____ Date

Date of PMES/ PMEW _____

Date of Approval: _____

References known to DCCCO

To be filled-out if Reference is non DCCCO Member

Name: _____ Address: _____

Gender: _____ Contact No: _____

Age: _____ Occupation: _____

(Position in the Community)

To filled-out by DCCCO:

Reviewed and Received by: _____

Signature over Printed Name

Remarks: _____
