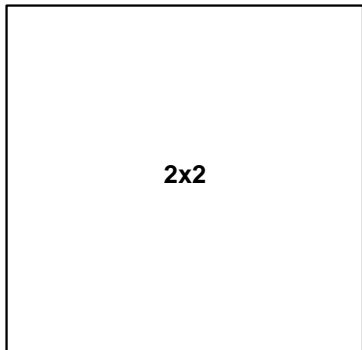




DCCCO Youth Zone Laboratory Cooperative



MEMBERSHIP APPLICATION

Membership No.: _____

PERSONAL INFORMATION			
Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Suffix	<input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> III Others: _____
Last Name		First Name	Middle Name
Birthday (mm/dd/yyyy)		Age	Birth Place
Nickname	Religion	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality	<input type="checkbox"/> Filipino <input type="checkbox"/> Others: _____		
Current Address House No./ Street/ Purok:			Barangay:
City/ Municipality:			Province:
Years of Residence:		Telephone Number:	Mobile Number:
Highest Education:			Years Graduated:
School:			
PARENTS INFORMATION			
<i>Father</i>			
Last Name		First Name	Middle Name
<i>Mother</i>			
Last Name		First Name	Middle Name
Papers submitted for identification purposes. <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Others: _____			
DATA PRIVACY & PROTECTION WITH UNDERTAKING			
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 statements above 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).			
_____		_____	
Signature Over Printed Name		Date Signed	
I hereby give my consent allowing my daughter/ son/ ward to apply for membership with the DCCCO Youth Zone Laboratory Cooperative of DCCCO Multipurpose Cooperative.			
_____		_____	
Signature Over Printed Name of Parent/ Guardian		Date Signed	
To be filled - out by DCCCO YZLC:			
Reviewed and Received by:			
Remarks:		_____	
		Signature Over Printed Name	
APPROVED/ DISAPPROVED:			
_____		_____	
		DCCCO YZLC Staff	
Reason(s) for disapproval:			
Recorded by: _____			
_____		_____	
MESD Staff		Date	
Date of PMES/ PMEWS:		Date of Approval:	