

Age:

DCCCO Multipurpose Cooperative

Sta. Rosa Street, Poblacion 2, Dumaguete City

MEMBERSHIP APPLICATION

			Memb	ership No.	
Personal Information	I				
Prefix		Suffix			
□ Mr. □ Ms. □ Mrs. □ Dr.	Atty. Others	□ Sr.	□Jr. □I □		Others
Last Name First Name		Middle Name			
Maiden Name	Nickname	Nickname			
Birthday (mm/dd/yyyy)	Age	Birthplace			
Civil Status				Gender	
□ Single □ Married □ Wid	Others		Male	Female	
Nationality Religion					
Filipino Others Roman Catholic Others					
Current Address Room/Floor/Bldg. Name/No./Street/Purok		Barangay			
City/Municipality		Province			Years of Residence
Mobile Number		Telephone N	umber		
Reasons for joining DCCCO					
Papers submitted for identification purposes. Any of the following:					
 Birth Certificate Certificate of Employment / B 		al Certificate			

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 decisions of the general membership as well as the Board of Directors and the provisions of RA 6938 as amended by RA 9520.

		Signature of Applicant
Recommended by/ References known to DO	:0000	
Signature over PRINTED NAME		Signature over PRINTED NAME
To be filled-up if Reference is non-DCCCO	member	
Name:	Address:	
Gender:	Contact No.:	

Occupation (Position in the Community)

MEMBERSHIP and SUBSCRIPTION AGREEMENT

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

a.	Paying the membership fee of	pesos (P

b.	Subscribing at least		()sha	are/s and pay the sum of
	at least	peso	os (P) representing the
	value of	() sh	nares, upon subm	nission of my application
	for membership.			

c. Paying my remaining subscribed capital of ______ pesos (P ______) within a period of not beyond 2 years. It is understood that the share capital (Fixed Deposit) shall not be withdrawn during my membership. It is further understood that should my total paid-up share capital (Fixed Deposit) remain below the minimum of One Thousand Pesos (P1,000.00) one (1) year after approval of my membership, said amount shall be charged/deducted the amount of ______ Pesos (P ______) a month as dormancy fee until my membership is reactivated or terminated.

d. Making regular daily/weekly/semi-monthly/bi-monthly/quarterly Savings Deposit in the sum

- e. Depositing the amount of _____ pesos (P _____) for Damayan Savings Program; and
- f. Paying the Annual Dues as required for members.

of ______ Pesos (P _____).

In accordance with Article 59, "Instrument for Salary or Wage Deduction" of RA 6938 as amended by RA 9520, I hereby authorize the paymaster of my employer _____, to deduct the amount of

(Name and address of employer)	
pesos (P) from my salary every payday/month for
payment of my remaining subscribed Capital and Saving	gs deposit as indicated above.

Signature of Applicant

To be filled-up by DCCCO:

APPROVED / DISAPPRO	VED:		
			Members Services Officer
Reason(s) for disapproval:			
Recorded By:	Secretary		Date
Date of PMES		Date of Approval	