



DCCCO Multipurpose Cooperative

MEMBERSHIP APPLICATION

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 <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Others _____ | |
| Last Name | | First Name | Middle Name |
| Maiden Name | | Nickname | |
| Birthday (mm/dd/yyyy) | Age | Birthplace | |
| Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Others _____ | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____ | | Religion <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Others _____ | |
| Current Address Room/Floor/Bldg. Name/No./Street/Purok _____ Barangay _____ | | | |
| City/Municipality | | Province | Years of Residence |
| Mobile Number | | Telephone Number | |
| Reasons for joining DCCCO | | | |
| Papers submitted for identification purposes. Any of the following: | | | |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Driver's License | |
| <input type="checkbox"/> Certificate of Employment / Business | <input type="checkbox"/> Passport | <input type="checkbox"/> Others _____ | |

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 DCCCO:

Signature over PRINTED NAME

Signature over PRINTED NAME

To be filled-up if Reference is non-DCCCO member

| | | | |
|---------|--|--|--|
| Name: | Address: | | |
| Gender: | Contact No.: | | |
| Age: | 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:

- Paying the membership fee of _____ pesos (P _____).
- Subscribing at least _____ () share/s and pay the sum of at least _____ pesos (P _____) representing the value of _____ () shares, upon submission of my application for membership.
- 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.
- Making regular daily/weekly/semi-monthly/bi-monthly/quarterly Savings Deposit in the sum of _____ Pesos (P _____).
- Depositing the amount of _____ pesos (P _____) for Damayan Savings Program; and
- Paying the Annual Dues as required for members.

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 _____ pesos (P _____) from my salary every payday/month for payment of my remaining subscribed Capital and Savings deposit as indicated above.

(Name and address of employer)

Signature of Applicant

To be filled-up by DCCCO:

APPROVED / DISAPPROVED:

Members Services Officer

Reason(s) for disapproval: _____

Recorded By: _____ Secretary _____ Date _____

Date of PMES

Date of Approval