



## REGULAR MEMBERSHIP APPLICATION AND SUBSCRIPTION AGREEMENT

**Instruction: Fields with asterisk (\*) are mandatory and should be filled-up.**

\* Applicant:  New  Refresher

\* Client ID No.

### PERSONAL INFORMATION

* Last Name:		* First Name:		* Middle Name:		* Nickname:		
* Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		* Age:	* Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er		* Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Islam <input type="checkbox"/> Others: _____			
* Nationality:		* Date of Birth: (mm/dd/yyyy)		* Place of Birth:		Height:	Weight:	
* Present Address: House #		Street	Subdivision	Barangay/District	Municipality/City	Province	Postal Code:	Length of Stay:
* Home Address: House #		Street	Subdivision	Barangay/District	Municipality/City	Province	Postal Code:	Length of Stay:
* Living in: <input type="checkbox"/> Own House <input type="checkbox"/> Rented House <input type="checkbox"/> Somebody's House						Number of Dependents:		
* Highest Educational Attainment: <input type="checkbox"/> Doctoral <input type="checkbox"/> Masteral <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School <input type="checkbox"/> Grade School <input type="checkbox"/> Elementary School <input type="checkbox"/> Trade School <input type="checkbox"/> Others								
Name of School:				Address:				

### CONTACT INFORMATION

Home Phone:	Business Phone:	Cellphone:	Email Address:	Alt. Email Address:	Spouse's Tel. / Cellphone:	
-------------	-----------------	------------	----------------	---------------------	----------------------------	--

### SPOUSE/MOTHER'S INFORMATION

Spouse's Last Name:		Spouse's First Name:		Spouse's Middle Name:		Spouse's Date of Birth: (mm/dd/yyyy)	
Mother's Maiden Last Name:		Mother's Maiden First Name:		Mother's Maiden Middle Name:		Mother's Date of Birth: (mm/dd/yyyy)	

### FINANCIAL INFORMATION

* Employer / Business Name:						Job Title:		
Employer Address: Number		Street	Subdivision	Barangay/District	Municipality/City	Province	Postal Code:	Length of Service:
* Occupation: <input type="checkbox"/> Employed <input type="checkbox"/> OFW <input type="checkbox"/> N/A <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired			Monthly Gross Income: <input type="checkbox"/> Below Php 10,000 <input type="checkbox"/> Php 10,000 - 20,000 <input type="checkbox"/> Php 20,000.01 - 30,000 <input type="checkbox"/> Php 30,000.01 - 40,000 <input type="checkbox"/> Php 40,000.01 - 50,000 <input type="checkbox"/> Above 50,000			* Tax Identification Number (TIN):		
Spouse's Employer Name:						Job Title:		
Employer Address: Number		Street	Subdivision	Barangay/District	Municipality/City	Province	Postal Code:	Length of Service:
Other Sources of Income: (1) _____ Income: _____ (2) _____ Income: _____								

### BENEFICIARIES

In the event of my death, I have authorized the following beneficiary/ies to claim my mortuary aid benefit if any.

	NAME	RELATIONSHIP	AGE	DATE OF BIRTH
1.				
2.				
3.				

### CHARACTER REFERENCES

Please provide at least two (2) references who can vouch for your character but are not related to you by consanguinity or affinity up to second civil degree.

	NAME	ADDRESS
1.		
2.		

### FAMILY MEMBERS/RELATIVES WHO ARE MEMBERS OF PHCCI

Please provide at least two (2) of your family members that are related to you by consanguinity or affinity up to second civil degree who are members of PHCCI if any.

	NAME	RELATIONSHIP	ADDRESS
1.			
2.			

**IDENTIFICATION CARD PRESENTED**

Please submit a photocopy of the valid I.D. and present the original for verification.

ID TYPE : \_\_\_\_\_  
 ID NUMBER : \_\_\_\_\_  
 VERIFIED BY : \_\_\_\_\_

**OTHER COOP MEMBERSHIP**

Are you a member of another cooperative? Please check. [ ] YES [ ] NO  
 If yes, please write the details below;

	NAME OF COOPERATIVE	ADDRESS	POSITION
1.			[ ] OFFICER [ ] MEMBER
2.			[ ] OFFICER [ ] MEMBER
3.			[ ] OFFICER [ ] MEMBER

I authorized Perpetual Help Community Cooperative (PHCCI) and/or any of its authorized representatives to conduct a background and credit investigation on all the information I wrote on this Regular Membership Application and Subscription Agreement.

I, having fully understood the rights, obligations, privileges, duties and responsibilities of becoming a member, hereby apply for membership with the PERPETUAL HELP COMMUNITY COOPERATIVE (PHCCI), and agree to faithfully follow the rules and regulations as set forth in PHCCI's by-laws and amendments thereof, the decisions of the general membership, as well as the Board of Directors and the provisions of the Cooperative Code, policies, guidelines and memorandum from CDA, GA, BOD and Management.

I promise to pay the membership fee and other corresponding fees upon submission of my membership form, as well as subscribe to at least one (1) Share Capital. I undertake to subscribe to an additional Share Capital of at least Five (5) shares to complete the required minimum number of shares for a full-fledged member within a period of not more than Six (6) months from the date of my attendance of the PMES.

Finally, I hereby certify that the above information is true and correct. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Signature above printed name of Applicant

Referred by: \_\_\_\_\_

Application checked by: \_\_\_\_\_

**DETAILS OF PAYMENT**

Amount Tendered P \_\_\_\_\_  
 Less:  
 Share Capital P \_\_\_\_\_  
 Savings Deposit \_\_\_\_\_  
 Mortuary Aid Contribution (MAC) \_\_\_\_\_  
 Miscellaneous P \_\_\_\_\_  
 Change P \_\_\_\_\_

Payment received by: \_\_\_\_\_  
 Encoded by: \_\_\_\_\_

Application approved / disapproved by: \_\_\_\_\_

Date of PMES: \_\_\_\_\_  
 PMES Batch Number: \_\_\_\_\_  
 Encoded by: \_\_\_\_\_  
 \* Date of Approval: \_\_\_\_\_  
 \* BOD Res. Number: \_\_\_\_\_

**RESIDENCE LOCATION SKETCH**