BESAO MULTIPURPOSE COOPERATIVE
Kin-iway, Besao, Mountain Province
Contact No.: 09466778593 / 0950 659 3384
Email Address: besaomultipurposecoop@yahoo.com.ph

APPLICATION FOR REGULAR MEMBERSHIP/SUBSCRIPTION AGREEMENT

Date of Application: _____

I hereby apply for membership in the BESAO MULTIPURPOSE COOPERATIVE; I agree to obey faithfully its rules and regulations as set down in its Articles of Cooperation and By-Laws, the decision of the general membership and meetings of those of the Board of Directors.

I hereby pledge to:

1. Attend and finish the pre-membership seminar.
2. Pay the required membership fee of P250.00.
3. Participate in the following savings program:
   a. Subscribed for at least _____ shares & pay for them either in lump sum or installment for 1 year.
   b. Contribute into the share capital at least 20% of the annual interest on share capital and patronage refunds due me.
4. Comply with the membership and subscription agreement. For your consideration, I do hereby include my Personal Data.

_____ _____ _____
Last Name First Name Middle Name

Date of Birth: _____ Age: _____ Place of Birth: _____
Contact No.: _____ TIN: _____ Status: _____ Gender: _____
Facebook Account: _____ Email Address: _____
Present Address / Residence Address: _____
Provincial Address: _____
Occupation: _____ Employer/Office: _____
Educational Attainment: ( ) Elementary ( ) High School ( ) Vocational ( ) College Level ( ) College Graduate
Name of Spouse: _____ Occupation: _____
Name of Father: _____ Name of Mother: _____
Referred By: _____ Contact Number: _____

BENEFECIARY/IES	RELATIONSHIP	DATE OF BIRTH

MEMBER IN OTHER COOPERATIVE / BANKS

NAME OF COOPERATIVE / BANKS	ADDRESS	DATE OF MEMBERSHIP

IN THE EVENT OF DEATH, I appoint the above **LISTED BENEFICIARY/IES** to withdraw/receive the proceeds of my fixed deposits or any benefits I am entitled to.

I, hereby, certify that all the above information is true and correct.

Any false statement given above upon verification shall be an automatic cause of disqualification of my membership.

_____
Applicant's Name & Signature

Submit this application together with 2x2 ID picture, Birth Certificate or Marriage Certificate, photocopy of one valid ID, and Barangay Residential Certificate with Sketch.

I certify that the above applicant have completed the Pre-Membership Seminar as a pre-requisite for Regular Membership on _____ at _____.

_____ _____
Certifying Officer **Recommending Officer**

This application was approved by the Board of Directors on _____.

_____ _____ _____ _____ _____
Director **Director** **Director** **Director** **Director**