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lelemco	PLEASE C	HECK: NON	-PLDT	PLDT EMPL	OYEE NO	D::	
Making lives better. MEMBERSHIP APPLICATION FORM		PERSONAL INFORMATION : Name: Mr. Mrs. Miss LAST NAME FIRST NAME MIDDLE NAME					
THE BOARD OF DIRECTORS TELECOMMUNICATION EMPLOYEES MULTI PURPOSE COOPERATIVE PHDT BLDG., OSMEÑA BOULEVARD, CEBU CITY PHILIPPINES, 6000	1X1						
Dear Sir/Madam:			7 7707 71		2222.		
<i>I</i>	a resident of	DATE OF BIRTH	BIRTHPLACE	<u> </u>			
Hereby agree to be a member of the Telecommunicat Multi- Purpose Cooperative as commonly known by it connection with such membership, I hereby agree to	s members. In	MM DD 1111	PROVINCIAL	ADDRESS:			
terms and conditions:		GENDER Femal	.e RELIG	SION	NATIONALITY		
1. To comply with all the provisions of the Articles of and By- Laws, policies set by the Board of Direct General Assembly as well as acts of duly constituted the CDA, the cooperative Code of the Philippines ot as RA 9520 and failure on my part to do so, the TE option may: (a) Fine; (b) Suspend; or (c) Expel me frowhere all my deposits and shareholdings in, shall be	ctors and the lauthorities, cherwise known LEMCO, at its om membership,	CIVIL STAT	ed Widow/er	Separated		DEPENDENTS overnment Issued	
for my liabilities to the Cooperative. 2. To attend membership and other special meetings the members of the Cooperative.	conducted for	EDUCATIONAL ATTA		College	Post Grad	duate Oth	
3. To subscribe at least ten (40) shares at One Hundre common shares with a total value of (Php4,000.00) p at least one thousand (Php1,000.00) pesos correshares shall be paid upon submission of the application.	esos of which sponding (10)	School: Others Specify:		_Course:	Yı	r. Grad	
4. I understand that to be able to enjoy the rights, privileges and benefits of the cooperative, I must be a Member-In-Good Standing (MIGS) and meet the criteria as follows:		HOME ADDRESS: OWNED RENTED MORTGAGE RELATIVES					
Has attended required PMES		BUILDING/NO./STRE	ET	BARANGAY			
 Participated in the capital Build-Up or share capital by contributing at lease semi-monthly contribution of five hundred pesos (Php500.00) 		CITY/TOWN PROVINCE			POSTAL CODE		
Participated with the Mortuary Program of c	REGION/ISLAND YEARS OF ST.			STAV			
Has paid all loan obligation/s on time with		REGION/ISLAND		YEARS UF	SIAT		
 Patronizing the Savings or Time deposit products by maintain at least not less than the average daily Maintaining Balance of five hundred pesos (Php500.00) or at least Fifty thousand (Php50,000.00) Time Deposit 		EMAIL ADDRESS:					
placement in the cooperative. 5. To use or patronize other products and allied serv	CONTACT NUMBERS Home: Mobile:						
cooperative.To comply with the directives of the duly		OCCUPATION: IF	SELF EMPLOYED			ROFESSION	
authorities as well as the decisions of the Board of Directors regarding the operating policies of the Cooperative. 7. To help realize the Vision, Mission and Objectives of the Cooperative, the success of its business, the welfare of its members, employees, community and the cooperative movement as a whole.		IF EMPLOYED NAME OF PRESENT EMPLOYER				DATE HIRED:	
		OFFICE ADDRESS:				CONTACT NUMBER:	
I understand the provision of this application and agree to abide with all of them.		SPOUSE: BIRTHDATE:				RTHDATE:	
		NAME OF BENEFI	ICIARY	RELATIONSHI	P DA	ATE OF BIRTH	
In all of the above undertakings, I am aware that Directors and Cooperative may impose or perform any to make any sanction/s effective without going to c	act necessary						
I confirm that any information, as given by me are true and correct. I hereby authorize the cooperative to verify and investigate from whatever sources it may consider appropriate. I understand that any false information or submitted documents is sufficient ground or legal action and/or rejection of my application, I pledge and signify my willingness to abide by the terms and condition of being a co-owner/member of the Cooperative.							
		MY THREE (3) SPECIMEN SIGNATURES: 1					
I also understand that should my application Telecommunication Employees Multi-Purpose Coopera obligation to furnish the reason for such rejection	tive has no	BODRESOLUTION					

(APPLICANT SIGNATURE OVER PRINTED NAME)

DATE SIGNED

(SIGNATURE OVER PRINTED NAME)

REFFERED BY:



GRACE ESPERANA Z. GONZALEZ
Signature and Overprinted Name of Board Secretary

TELECOMMUNICATION EMPLOYEES MULTI-PURPOSE COOPERATIVE (TELEMCO)

PLDT Building, Osmeňa Boulevard, Cebu City, Philippines 6000 Telephone No. (032) 253-2001, Telefax (032) 255-0100 E-mail Address: telemcoop@yahoo.com

Website: www.telemcoop.com

SHARE SUBSCRIPTION AGREEMENT

This Share Subscription Agreement is entered into by and between	and TELECON	MMUNICATION EMPLOYEES
MULTI-PURPOSE COOPERATIVE (TELEMCO), a duly registered Cooperative under the existing laws of the Republic of the Philippines. The term of take effect unless being terminated upon the agreement of both parties.	this agreement shall begin on	and shall continue to
TELEMCO hereinafter referred to as the COOPERATIVE and	as MEMBER;	
WHEREAS, the MEMBER shall pay to the COOPERATIVE an initial subscription 1000.00) upon completion of Pre-Membership Education Seminar (PMES);	n of ten (10) Share amounting to one tho	ousand pesos and 0/100 (Php
WHEREAS, a total of TEN (10) SHARES is required capital before a MEMBER ca	an avail of the loan program and other ber	nefits of the Cooperative;
WHEREAS, the member shall not be allowed to receive his/her Dividend and Pate Subscription requirement of the COOPERATIVE all the aforesaid proceeds shall be Shares are completed;	•	
WHEREAS, the subscriber wishes to subscribe for of shares of	of the stock of the cooperative at the subsc	cription price of 100 per share;
WHEREAS, a regular monthly payment of one thousand pesos and 0/100 (Php 1, semi-monthly shall be paid as part of capital build-up investment;	000.00) or an equivalent of five hundred բ	pesos and 0/100 (Php 500.00)
WHEREAS, a cash or check can be made through payroll deduction or over the co	ounter payment to pay the Shares Subscr	ription;
WHEREAS, the computation of the Dividends Shares shall be made using the Cale on the 14th of February of the following year;	endar Year Accounting Period of the currer	nt year and shall be distributed
WHEREAS, No Capital Share shall be deducted in favor to the MEMBERS's unpa	id loan. Unless the MEMBER opt to resig	n;
WHEREAS, in the event of the resignation of this agreement, the MEMBER shall pof the MEMBER's resignation and would take effect on the fourth week of the mon		<u> </u>
This Share Subscription Agreement shall take effect on, 20	25.	
Signature and Overprinted Name of Member	LORALIE L. CABRERA Signature and Overprinted Name of O	General Manager
4.0	(a) ()	

JOSE O. VALERA
Signature and Overprinted Name of Board Chairman