Telemco
Making lives better.

MEMBERSHIP APPLICATION FORM

PLEASE CHECK: ☐ NON-PLDT ☐ PLDT EMPLOYEE NO: _____

1X1

THE BOARD OF DIRECTORS
TELECOMMUNICATION EMPLOYEES MULTI PURPOSE COOPERATIVE
PLDT BLDG., OSMEÑA BOULEVARD, CEBU CITY
PHILIPPINES, 6000

Dear Sir/Madam:

I _____, a resident of _____

Hereby agree to be a member of the Telecommunication Employees Multi- Purpose Cooperative as commonly known by its members. In connection with such membership, I hereby agree to the following terms and conditions:

1. To comply with all the provisions of the Articles of Cooperation and By- Laws, policies set by the Board of Directors and the General Assembly as well as acts of duly constituted authorities, the CDA, the cooperative Code of the Philippines otherwise known as RA 9520 and failure on my part to do so, the TELEMCO, at its option may: (a) Fine; (b) Suspend; or (c) Expel me from membership, where all my deposits and shareholdings in, shall be answerable for my liabilities to the Cooperative.
2. To attend membership and other special meetings conducted for the members of the Cooperative.
3. To subscribe at least ten (40) shares at One Hundred (100) pesos common shares with a total value of (Php4,000.00) pesos of which at least one thousand (Php1,000.00) pesos corresponding (10) shares shall be paid upon submission of the application.
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:
   - Has attended required PMES
   - Participated in the capital Build-Up or share capital by contributing at lease semi-monthly contribution of five hundred pesos (Php500.00)
   - Participated with the Mortuary Program of cooperative.
   - Has paid all loan obligation/s on time without default.
   - 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 placement in the cooperative.
5. To use or patronize other products and allied services of the cooperative.
6. To comply with the directives of the duly constituted 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.

I understand the provision of this application and agree to abide with all of them.

In all of the above undertakings, I am aware that the Board of Directors and Cooperative may impose or perform any act necessary to make any sanction/s effective without going to court.

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.

I also understand that should my application be denied, Telecommunication Employees Multi-Purpose Cooperative has no obligation to furnish the reason for such rejection.

PERSONAL INFORMATION :

Name: ☐ Mr. ☐ Mrs. ☐ Miss

LAST NAME	FIRST NAME	MIDDLE NAME

DATE OF BIRTH (MM DD YYYY)	BIRTHPLACE:
	PROVINCIAL ADDRESS:

GENDER ☐ Male ☐ Female	RELIGION	NATIONALITY

CIVIL STATUS ☐ Single ☐ Married ☐ Widow/er ☐ Separated	NO. OF DEPENDENTS

TIN ID NUMBER	SSS NO. / GSIS NO.	OTHERS: Government Issued ID

EDUCATIONAL ATTAINMENT
☐ Elementary ☐ High School ☐ College ☐ Post Graduate ☐ Others

School: _____ **Course**: _____ **Yr. Grad.** _____
Others Specify:

HOME ADDRESS: ☐ OWNED ☐ RENTED ☐ MORTGAGE ☐ RELATIVES

BUILDING/NO./STREET	BARANGAY	
CITY/TOWN	PROVINCE	POSTAL CODE
REGION/ISLAND	YEARS OF STAY	

EMAIL ADDRESS:

CONTACT NUMBERS
Home : **Mobile :**

OCCUPATION: IF SELF EMPLOYED INDICATE YOUR BUSINESS/PROFESSION

IF EMPLOYED NAME OF PRESENT EMPLOYER	DATE HIRED:
OFFICE ADDRESS:	CONTACT NUMBER:
SPOUSE:	BIRTHDATE:

NAME OF BENEFICIARY	RELATIONSHIP	DATE OF BIRTH

MY THREE (3) SPECIMEN SIGNATURES:

1. _____ 2. _____ 3. _____

BOD RESOLUTION NO. _____ **PME'S CERTIFICATE NO.** _____

_____ _____
(APPLICANT SIGNATURE OVER PRINTED NAME) **DATE SIGNED**

REFFERED BY:
_____
(SIGNATURE OVER PRINTED NAME)

SKETCH OF RESIDENCE *(USE THE BACK PAGE)*

TELECOMMUNICATION EMPLOYEES MULTI-PURPOSE COOPERATIVE
(TELEMCO)
PLDT Building, Osmeña 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 TELECOMMUNICATION EMPLOYEES MULTI-PURPOSE COOPERATIVE **(TELEMCO)**, a duly registered
Cooperative under the existing laws of the Republic of the Philippines. The term of this agreement shall begin on _____and shall continue to take effect unless being terminated upon the agreement of both parties.

TELEMCO hereinafter referred to as the **COOPERATIVE** and _____as **MEMBER;**

WHEREAS, the **MEMBER** shall pay to the **COOPERATIVE** an initial subscription of **ten (10)** Share amounting to one thousand pesos and 0/100 **(Php 1000.00)** upon completion of Pre-Membership Education Seminar (PMES);

WHEREAS, a total of **TEN (10) SHARES** is required capital before a **MEMBER** can avail of the loan program and other benefits of the Cooperative;

WHEREAS, the member shall not be allowed to receive his/her Dividend and Patronage Refund if the **MEMBER** has not completed the **Ten (10)** Shares Subscription requirement of the COOPERATIVE all the aforesaid proceeds shall be put to the **MEMBERS's** Subscribed Shares until the required **Ten (10)** Shares are completed;

WHEREAS, the subscriber wishes to subscribe for _____of shares of the stock of the cooperative at the subscription price of **100** per share;

WHEREAS, a regular monthly payment of one thousand pesos and 0/100 **(Php 1,000.00)** or an equivalent of five hundred pesos and 0/100 **(Php 500.00)** semi-monthly shall be paid as part of capital build-up investment;

WHEREAS, a cash or check can be made through payroll deduction or over the counter payment to pay the Shares Subscription;

WHEREAS, the computation of the Dividends Shares shall be made using the Calendar Year Accounting Period of the current year and shall be distributed on the 14th of February of the following year;

WHEREAS, No Capital Share shall be deducted in favor to the MEMBERS's unpaid loan. Unless the **MEMBER** opt to resign;

WHEREAS, in the event of the resignation of this agreement, the MEMBER shall put in writing using the Members Resignation Form stating the reason/s of the MEMBER's resignation and would take effect on the fourth week of the month after the Board of Directors' Regular Board Meeting.

This Share Subscription Agreement shall take effect on _____, 2026

_____
Signature and Overprinted Name of Member

LORALIE L. CABRERA
Signature and Overprinted Name of General Manager

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

Michael Eparwa
Signature and Overprinted Name of Board Chairman

TELEMCO

MORTUARY AID DEDUCTION ENROLLMENT FORM

Date: _____
Member No.: _____

I. MEMBER INFORMATION

Full Name: _____
Address: _____
Contact Number: _____
Department/Office/Section: _____

II. ENROLLMENT IN MORTUARY AID DEDUCTION

I hereby signify my intention to voluntarily enroll in the **TELEMCO Mortuary Aid Program** and authorize TELEMCO to deduct the applicable Mortuary Aid contribution from my salary/payroll or other applicable member account.

I understand that the purpose of this program is to provide financial assistance to a qualified member or the member's qualified beneficiaries/dependents in the event of death, subject to the rules, requirements, eligibility conditions, and available funds of the program.

Effective date of deduction: _____

III. BENEFICIARY/DEPENDENT INFORMATION

Please indicate the qualified dependents/beneficiaries to be covered under the program.

Name	Relationship to Member	Date of Birth	Contact Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. AUTHORIZATION FOR DEDUCTION

I hereby authorize **TELEMCO** and/or its authorized payroll/accounting personnel to deduct the approved Mortuary Aid contribution from my salary, benefits, or member savings account, as applicable.

I understand that:

1. Participation in the Mortuary Aid Program is subject to the applicable TELEMCO rules and policies.
2. Mortuary Aid benefits are subject to the eligibility requirements and documentary requirements prescribed by TELEMCO.
3. Only qualified members and/or dependents as defined under the program rules shall be entitled to receive assistance.
4. The amount of Mortuary Aid assistance may depend on the prevailing program rules and available funds.
5. I am responsible for providing accurate and updated information regarding my dependents and beneficiaries.
6. I will notify TELEMCO of any changes in my personal or dependent information.
7. This authorization shall remain effective until I submit a written request for cancellation, if cancellation is permitted under the program rules.

V. MEMBER DECLARATION

I certify that the information provided in this form is true and correct to the best of my knowledge. I have read and understood the purpose and conditions of the TELEMCO Mortuary Aid Program and voluntarily agree to participate in the program.

Member's Signature: _____

Printed Name: _____

Date: _____