



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

MEMBERSHIP APPLICATION FORM

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 three hundred fifty pesos (Php350.00)
- 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.

1X1	PERSONAL INFORMATION		
	Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		
LAST NAME	FIRST NAME	MIDDLE NAME	
DATE OF BIRTH MM DD YYYY	BIRTHPLACE:		
	PROVINCIAL ADDRESS:		
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELIGION	NATIONALITY	
CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated		NO. OF DEPENDENTS	
TIN ID NUMBER	SSS NO. / GSIS NO.	OTHERS: Government Issued ID	
EDUCATIONAL ATTAINMENT <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others			
School: _____ Course: _____ Yr. Grad. _____ Others Specify: _____			
HOME ADDRESS: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> MORTGAGE <input type="checkbox"/> 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

REFERRED BY:

(SIGNATURE OVER PRINTED NAME)

SKETCH OF RESIDENCE (USE THE BACK PAGE)