



**ILOILO SCIENCE AND TECHNOLOGY UNIVERSITY AND
COMMUNITY MULTI PURPOSE COOPERATIVE (ISATUCMPC)**

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 Registered with Cooperative Development Authority Iloilo Extension Office

MEMBER NO. _____
 For Coop Use Only
 DOCUMENT NO: QP – 08 – 09
 EFFECTIVE DATE 11/01/21
 ISSUE / REV. 01 / 01
 APPROVED BY QMR



APPLICATION FOR ASSOCIATE MEMBERSHIP

I hereby apply for an associate membership in the Iloilo Science and Technology University and Community Multi-Purpose Cooperative (ISATUCMPC) and agree to faithfully observe its rules and regulations as embodied in its Articles of Cooperation and By-Laws, policies and decisions made by the General Assembly as well as by the Board of Directors.

QUALIFICATION FOR ASSOCIATE MEMBERSHIP (PLEASE SHADE THE APPROPRIATE BOX)

<input type="checkbox"/> RELATIONSHIP TO THE REGULAR MEMBER (PLEASE SPECIFY):	<input type="checkbox"/> INDIVIDUAL OF PROVEN INTEGRITY IN THE COMMUNITY	<input type="checkbox"/> MEMBER OF ORGANIZATION/GROUP DULY REGISTERED WITH SEC OR OTHER REGULATING AGENCIES
RECOMMENDED/REFERRED BY (NAME OF THE REGULAR MEMBER)	RELATIONSHIP TO THE REGULAR MEMBER	IF THE RECOMMENDING MEMBER IS AN ISATU EMPLOYEE, CAMPUS/COLLEGE:

PERSONAL DATA

FIRST NAME	MIDDLE NAME	LAST NAME	EXTENSION (JR.,III...)
DATE OF BIRTH	PLACE OF BIRTH	EMAIL	CONTACT NUMBER
PRESENT HOME ADDRESS		HOME ADDRESS	
TIN NUMBER:	VALID PRESENTED	ID NUMBER:	MEMBERSHIP TYPE
STATUS OF EMPLOYMENT (REGULAR, PART-TIME, CONTRACTURAL ETC.)		PROFESSION (FACULTY, STAFF, ETC)	PERSON TO CONTACT IN CASE OF EMERGENCY:
		EMPLOYMENT CATEGORY	
		<input type="checkbox"/> EMPLOYED, <input type="checkbox"/> SELF EMPLOYED, <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> OTHERS	
		CONTACT NUMBER	RELATIONSHIP
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE. <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	

FAMILY INFORMATION

SPOUSE'S NAME:	DATE OF BIRTH:	CONTACT NO.
MOTHER/FATHER'S NAME	DATE OF BIRTH:	CONTACT NO.

BENEFICIARIES

NAME	DATE OF BIRTH	RELATIONSHIP	AGE

I hereby certify that the above information I provided are true and correct:

DATE ACCOMPLISHED: _____

PAYMENTS

APPLICANT'S SIGNATURE OVER PRINTED NAME

INITIAL CAPITAL SHARES PAID NO. OF SHARES _____ AT P50.00/SHARE AMOUNT IN WORDS _____ AMOUNT (PHP) _____	MEMBERSHIP FEE DATE: _____ RECEIPT NO. _____ AMOUNT IN WORDS _____ AMOUNT (PHP) _____
PAYMENT RECEIVED BY: _____ TREASURER	FIVE HUNDRED PESOS _____ (P500.00)

RECOMMENDATION

This is to certify that the above-named applicant has undergone Pre-membership Education Seminar (PMES) for the cooperative and it is therefore that his/her application is hereby endorsed of the Board of Directors (BOD) for approval.

PMES FACILITATOR

EDUCATION COMMITTEE MEMBER

DATE OF PMES

CHAIRPERSON, EDUCATION COMMITTEE

ACTION TAKEN

This application for associate membership by the above named applicant is hereby unanimously APPROVED DISAPPROVED

during the Regular Special Board of Directors Meeting held on _____ at _____

Reason for DISAPPROVAL: _____

ATTESTED:

SECRETARY, BOARD OF DIRECTORS

CHAIRPERSON, BOARD OF DIRECTORS