



**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 REGULAR MEMBERSHIP

I hereby apply for 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.

PERSONAL DATA

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

IF ISATU EMPLOYEE CAMPUS ASSIGNED: Main La Paz Dumangas Barotac Nuevo Leon Miag-ao

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: _____

APPLICANT'S SIGNATURE OVER PRINTED NAME

PAYMENTS

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 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