



# CALASIAO PLANT AND RELATED COMPANIES EMPLOYEES' MULTI-PURPOSE COOPERATIVE

Coop Complex, MacArthur Highway, Brgy. Bued, Calasiao, Pangasinan 2418

Contact Numbers: (075) 522-5148; Globe: 0917-6323695; Sun: 0923-0837694

Email Address: accounts@calasiaocoop.com

## APPLICATION FOR MEMBERSHIP AND SUBSCRIPTION

I hereby apply for membership in the Cooperative and agree to faithfully obey its rules and regulations as prescribed under its by-laws and amendments thereof, or elsewhere, and the decisions of the general membership as well as those of the board of directors.

I hereby formally present my intention to pay a monthly installment of PESOS \_\_\_\_\_ (PHP \_\_\_\_\_) as part of my investment in the Cooperative. I am aware that the minimum required monthly installment is PHP400.00 or 2% of my monthly basic pay, whichever is higher. It is understood by me that the partial or the total investment shall not be withdrawn during my membership.

I hereby authorize the Cooperative thru my employer to deduct from my salary the monthly installment as indicated above, together with the required membership fee of PHP300.00. (Article 58 of Republic Act No. 9520, known as Philippine Cooperative Code of 2008 states that "a member of a cooperative may, notwithstanding the provisions of existing laws to the contrary, execute an instrument in favor of the Cooperative authorizing his/her employer to deduct from the salaries or wages, commutation of leave credits and any other monetary benefits payable to him/her by the employer and remit to the Cooperative such amount as may be specified in satisfaction of any debt or other demand due from the member.")

### Disclosure of Information:

I certify that all information that I have provided or will provide to the Cooperative are complete, true and correct and that the signature appearing on this document is genuine and my true signature. I agree to waive confidentiality of information and records relating to me that the Cooperative may obtain from third parties, including governmental or regulatory agencies, my employer, business associates and other entities as the Cooperative may deem proper and sufficient in the conduct of the Cooperative's business. I acknowledge that the Cooperative may be required by law, competent courts or government or regulatory bodies or other offices or agencies authorized by the law to disclose information or data relating to me, my applications, loans and transactions with the Cooperative.

\_\_\_\_\_  
Signature of Applicant

### PERSONAL DATA

Name: \*\* \_\_\_\_\_  
(Last Name) (Given Name) (Middle Name)

Civil Status: \*\* \_\_\_\_\_  
Gender: \*\* \_\_\_\_\_ Nationality: \*\* \_\_\_\_\_

Birthplace: \*\* \_\_\_\_\_

Date of Birth: \*\* \_\_\_\_\_

Permanent Address: \*\* \_\_\_\_\_  
Unit/Bldg. Street No./Lot/Block/Phase Street Name

\_\_\_\_\_  
Subdivision/Barangay Town/City Province Zip Code

Contact No.: \*\* \_\_\_\_\_ TIN: \*\* \_\_\_\_\_

Occupation: \*\* \_\_\_\_\_ E-mail Address: \*\* \_\_\_\_\_

Company Name: \*\* \_\_\_\_\_

Company Address: \*\* \_\_\_\_\_

Department/Place of Assignment: \*\* \_\_\_\_\_

Name of Spouse (If married): \*\* \_\_\_\_\_

Beneficiaries: 1.) \*\* \_\_\_\_\_ Relationship: \*\* \_\_\_\_\_

2.) \_\_\_\_\_ Relationship: \_\_\_\_\_

This application for membership is hereby approved by:

EDWIN B. ZIPAGAN  
General Manager

Notes: Please accomplish this form completely to facilitate processing and approval.  
\*\* Must not be left blank. Write N/A if not applicable except for required information.  
Provide at least one beneficiary.