



**RIZAL PROVINCIAL HOSPITAL EMPLOYEES & COMMUNITY  
MULTI-PURPOSE COOPERATIVE**

Tomas Claudio St. San Juan, Morong, Rizal  
LGA - 5465

**APPLICATION FOR MEMBERSHIP**

I hereby apply for membership in the **RIZAL PROVINCIAL HOSPITAL EMPLOYEES & COMMUNITY MULTI-PURPOSE COOPERATIVE** and agree to faithfully obey its rules and regulation as set down in its by-laws and amendments thereof, or elsewhere and the decision of the general membership meetings as well as those of the Board of Directors.

I have paid the required membership fee of Php. \_\_\_\_\_.

I also, hereby pledge to subscribe initially for \_\_\_\_\_ share/shares (common / preferred stock) with par value of Php. \_\_\_\_\_ of the Capital Stock of and to pay the amount of \_\_\_\_\_ (Php. \_\_\_\_\_) equivalent to \_\_\_\_\_ share / shares as my initial paid - up capital. The balance of my subscribe capital, I promise to pay it monthly /semi monthly installment of Php. \_\_\_\_\_ within \_\_\_\_\_ months.

Membership No.

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

PERSONAL INFORMATION			
Please print in ink or type:			
First Name	Middle Name	Last Name	Suffix
Name			
Date of Birth	Place of Birth	Gender	Age
Civil Status	Nationality	Height	Weight
Religion	Home Tel. No.	Mobile No.	Bus. Tel. No.
Present Address (Full Address )			
Years of stay	Postal Code	TIN No.	SSS / GSIS No.
Spouse Name		Father's Name	Mother's Name
First Name	First Name	First Name	
Middle Name	Middle Name	Maiden Middle Name	
Last Name	Last Name	Maiden Last Name	
Highest Educational Attainment		Degree Course	
Name of School		Year Graduated	
ID Type	ID Type	FB Account	
ID Number	ID Number	Email Address	
ID Issue Country	ID Issue Country	Viber Account	
ID Expiry Date	ID Expiry Date		
Are you connected with other financial institution? (i.e. other cooperative)			
If yes, please state the name(s)			
DEPENDENTS / BENEFICIARIES			
Name	Age	Birth Date	Relationship
FOR COOPERATIVE USE ONLY			
Certification of Attendance in Pre-Membership Seminar	Date Attended :		Certified by :
			_____ Chairman - Education Committee
Certification of Payment of Membership	Amount		Certified by :
	OR #		
	Date Paid		
Treasurer / Cashier			
Board Action :			
This Application was approved/disapproved by the the Board of Directors in its meeting held on _____,20_____.			
Attested By :		Noted By :	
_____ Secretary		_____ Chairman of the Board	

EMPLOYMENT		
Employment Name		
Employment Complete Address		Postal Code
Employment TIN #	Employment Phone #	Nature of Business
Monthly Income	Working Hours	Present Position
If Self-employed, Name of Business		Start of Business
Complete Business Address		Postal Code
Employment Income per		Other Income per
Nature of Business		Spouse Income per
REFERENCES		
Name	Complete Address	Telephone / Mobile No.
MEMBERSHIP AND SUBSCRIPTION AGREEMENT		
<p><b>THE BOARD OF DIRECTORS</b></p> <p>I, _____, Filipino citizen, of legal age and a resident of _____ hereby agree to be a member of the RPHECPMC. I have completed the prescribed training course for prospective members and I fully understand the purposes and objectives of this cooperative.</p> <p>In connection with such membership, I hereby agree to abide by the following terms and conditions:</p> <ol style="list-style-type: none"><li>To pay the membership fee of Two Hundred Fifty pesos only (P 250.00)</li><li>To comply with the provisions of the Articles of Cooperation, the By-Laws and policies set by the General Assembly, the Board of Directors as well as the acts of the duly constituted authorities, and failure on my part to do so, the cooperative at its option, fine, suspend, expel me from membership whereupon all my shareholdings in, shall be answerable for my liabilities to the cooperative.</li><li>To attend all meetings, conferences and seminars as required by the Board of Directors and failure on my part to do so, unless previously excused by the Board for cause, to pay the fine of _____ (Php. _____) and to make up for the activity I have missed.</li><li>To participate in the planned thrift and savings program by Subscribing for at least _____ ( _____ ) share capital and paying for such amount either in one share on or before the approval of my membership and Subscription Agreement and application for membership by the Board of Directors. The balance thereafter shall be paid in regular _____ installment of _____ ( _____ ) until the whole subscribed amount is fully paid; Contributing to its share capital at least ( _____ %) of my monthly income, at least ( _____ %) of each loan granted to me and at least fifty percent (50%) of the annual interest on share capital and patronage refund due to me.</li></ol> <p>Failure on my part to comply with my financial obligation shall make me liable for a fine that the Board of Directors may prescribe.</p> <p>The provision of this Agreement, Articles of Cooperation and By-Laws have been explained to me. I understand and agree to abide contents and</p> <p>In all above undertaking, I am aware that the Board of Directors at its option in the name of the cooperative may impose sanctions and effective without legal action.</p> <p>IN WITNESS HEREOF, I have hereunto affixed my signature this _____ day of _____, _____ at Barangay San Juan, Morong, Rizal.</p> <div><div>_____ SIGNATURE OF APPLICANT OVER PRINTED NAME</div><div>_____ DATE</div></div>		