

## MEMBERSHIP APPLICATION FORM

Date: \_\_\_\_\_

**The Board of Directors:**

I hereby apply for ☐ **REGULAR** ☐ **ASSOCIATE** membership to Thomecc - Thomasian Employees Credit Cooperative. I agree to obey faithfully its rules and regulations as set forth in its Articles of Cooperation and By-Laws, the decisions of the general membership meetings and those of the Board of Directors.

In connection with my membership, I hereby agree to the following terms and conditions:

1. To attend and complete the Pre-Membership Education Seminar (PMES)
2. To pay the membership fee of five hundred pesos ( P500.00)
3. To participate in the planned thrift and savings program by subscribing required shares and paying for them either in lump-sum or installment through salary deduction. Failure on my part to comply with my financial obligations shall make me liable in accordance with what the Board will provide.
4. To patronize the Cooperative's businesses and services.
5. 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, to pay the fine which may set by the Board, and to make up for the activity I have missed.
6. To comply with the provisions of the Articles of Cooperation, the By-laws and Policies set by the Board, the General Assembly as well as acts of duly constituted authorities and, failure on my part to do so, the Cooperative has its option, may fine, suspend or expel me from membership, whereupon all my shareholdings shall be answerable for my liabilities to the Cooperative.

**I understand and agree to abide with all of the above undertaking. I am aware that the Cooperative thru the Board of Directors may impose sanctions on me for failure on my part to do so.**

\_\_\_\_\_  
*Printed Name & Signature of Applicant*

## INITIAL SHARES SUBSCRIPTION AGREEMENT

In connection with my membership, I hereby subscribe \_\_\_\_\_ ☐ Common Shares ☐ Preferred Shares valued at One Thousand Pesos (Php1,000.00) per share or equivalent to \_\_\_\_\_ Pesos (Php \_\_\_\_\_) , on the following terms and conditions:

1. Pay the subscription amount to the cooperative upon signing of this agreement and commit to pay in:  
☐ **FULL / CASH** ☐ **SALARY DEDUCTION** amounting to Php \_\_\_\_\_ per payday starting on \_\_\_\_\_
2. I agree that I could guarantee portion of my share capital to any member with prior approval by the Cooperative.
3. I agree that I could make claims to my share capital contribution upon termination of membership without pending obligation and subject to the Cooperative applicable policies, systems and procedures.

**I understand that my failure to pay the minimum and the full subscription price may affect my rights and the status of my membership in accordance with the cooperative By-Laws and cooperative laws.**

\_\_\_\_\_  
*Printed Name & Signature*

## PERSONAL INFORMATION SHEET

<b>FULL NAME:</b>			
Last	First	Middle	
<b>GENDER:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>CIVIL STATUS:</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPERATED <input type="checkbox"/> WIDOWED		<b>EMP NO:</b>
<b>DATE OF BIRTH:</b> __/__/____	<b>PLACE OF BIRTH:</b>		
<b>HOME ADDRESS:</b>			
No.	Street	Subd.	Barangay
District/City/Municipality		Province	
<b>UST AFFILIATION:</b> <input type="checkbox"/> Admin Official <input type="checkbox"/> Faculty/ Academic Staff <input type="checkbox"/> Support Staff <input type="checkbox"/> Maintenance/Security Personnel <input type="checkbox"/> Hospital Employee <input type="checkbox"/> Alumni <input type="checkbox"/> Others; Specify _____		<b>DEPARTMENT:</b>	
		<b>RANK/POSITION:</b>	
		<b>OCCUPATION: (for Alumni Only)</b>	
		<b>MONTHLY INCOME:</b>	
		<b>OTHER SOURCE OF INCOME/s:</b>	
<b>MOTHER'S MAIDEN NAME:</b>			
Last	First	Middle	
<b>FATHER'S NAME:</b>			
Last	First	Middle	
<b>SPOUSE'S NAME: (if married)</b>			
Last	First	Middle	
<b>BENEFICIARY:</b>		<b>RELATIONSHIP:</b>	<b>NO OF DEPENDENTS:</b>
<b>CELLPHONE NO.:</b>		<b>TELEPHONE NO.:</b>	
<b>EMAIL ADD:</b>			
<b>TIN:</b>		<b>SSS NO.:</b>	
<b>OTHER GOVERNMENT I.D NO.: Specify,</b>			
<b>IMMEDIATE RELATIVE:</b> (contact person)		<b>RELATIONSHIP:</b>	<b>CONTACT NO:</b>

## CONFIRMATION

I hereby certify that the given information above is true and correct. Further, I hereby acknowledge and authorize; 1) the regular submission and disclosure of my credit data (as defined under Republic Act No. 9510 and its implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any update or correction thereof and 2) the sharing of my basic credit data with other lenders authorized by the CIC and credit reporting agencies duly accredited by the CIC.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

**RECRUITED BY:**

*To be filled by the cooperative staff:*

**Completeness Checked by:**

**Data Encoded by:**

This application for membership is approved/disapproved by the Board of Directors in its meeting held on \_\_\_\_\_ with Board Reso No. \_\_\_\_\_

\_\_\_\_\_  
Board Secretary