



SILAGO MULTI-PURPOSE COOPERATIVE (SMPC)

Poblacion District 2, Silago, Southern Leyte

CDA Reg. No.: 9520-08005185

NON VAT REG. TIN 000-818-028-000

APPLICATION FOR ASSOCIATE - ADULT MEMBERSHIP

(Individual)

Date: _____

TO: The Manager
Silago Multi-Purpose Cooperative

I hereby apply for **Associate** membership in SMPC. If admitted, I agree to abide its By-Laws, governing rules, regulations and policies. I also PROMISE TO SAVE by opening a () Savings Account and or () Time Deposit and help PROMOTE the welfare of my co-members, the goals and objectives of SMPC and those of Cooperative Movement.

I certify to the truth of the following personal information.

Applicant's Printed Name & Signature

Name of Account: _____
(Family Name) (First Name) (Middle Name)

Age: ____ **Sex:** ☐ M ☐ F **Civil Status:** ☐ Single ☐ Married ☐ Widow ☐ Separated

Address: _____
(Purok) (Brgy.) (City/Town) (Province)

Cellphone No. _____ **TIN. no:** _____

Date of Birth: _____ **Place of Birth:** _____
(Month, Date, Year)

Religion: ☐ R. Catholic ☐ Iglesia ni Cristo ☐ Others, Specify: _____

Educational Attainment: ☐ College ☐ High School ☐ Elementary

Occupation: ☐ Govt. Employee ☐ Private Employee ☐ Self Employed ☐ Others _____

Office/Employer: _____

Address: _____

Business Name: _____

Address: _____

IF MARRIED:

Name of Spouse: _____ **Occupation:** _____

Address: _____ **Cell No.:** _____

Date of Birth: _____ **Tin No :** _____
(Month, Date, Year)

If spouse is your Beneficiary kindly put check: ☐

Name of Beneficiary:	Relationship	Birthday
_____	_____	_____
_____	_____	_____
_____	_____	_____

Depositor's Specimen Signatures:

1. _____ 2. _____ 3. _____
(Signature over Printed Name) (Signature over Printed Name) (Signature over Printed Name)

Documents Submitted:

() TWO (2) Valid I.D.'s
() Others

Approved:

SILAGO MULTI-PURPOSE COOPERATIVE

By:

Manager