



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

(Joint Account)

Date: _____

TO: The Manager
Silago Multi-Purpose Cooperative

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

We certify to the truth and correctness of the following personal information.

Applicant's Printed Name & Signature

Name of Account:

1. _____
(Family Name) (First Name) (Middle Name)
And / Or
2. _____
(Family Name) (First Name) (Middle Name)

Applicant 1:

(Family Name) (First Name) (Middle Name)
Age: ____ Sex: ☐ M ☐ F Civil Status: ☐ Single ☐ Married ☐ Widow ☐ Separated
Address: _____
Religion: _____ Cellphone No. _____
Date of Birth: _____ Place of Birth: _____
(Month, Date, Year)

Educational Attainment: _____

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

Applicant 2:

(Family Name) (First Name) (Middle Name)
Age: ____ Sex: ☐ M ☐ F Civil Status: ☐ Single ☐ Married ☐ Widow ☐ Separated
Address: _____
Religion: _____ Cellphone No. _____
Date of Birth: _____ Place of Birth: _____
(Month, Date, Year)

Educational Attainment: _____

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

Name of Beneficiary: _____ **Relationship:** _____

Address: _____ **Tel. or Cell No.:** _____

Date of Birth: _____ **Place of Birth:** _____

Educational Attainment: _____

Depositor's Specimen Signatures:

Applicant 1:

1. _____ 2. _____ 3. _____

Applicant 2:

1. _____ 2. _____ 3. _____

Documents Submitted:

() Two (1) Valid I.D.'s

() Others

Approved:

SILAGO MULTI-PURPOSE COOPERATIVE

By:

Manager