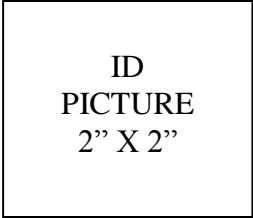




THE BOARD OF DIRECTORS

Sta. Cruz Savings and Development Cooperative
Sta. Cruz, Ilocos Sur

Attn: _____
Subject: **APPLICATION FOR REGULAR MEMBERSHIP**



S I R/MA’AM : _____Branch

I hereby apply for membership in the **STA. CRUZ SAVINGS AND DEVELOPMENT COOPERATIVE (SACDECO)** _____
Branch. I agree to obey faithfully its rules and regulations as set down in its Articles of Cooperation and By-Laws, and the decision of the General Assembly membership meetings and those of the Board of Directors.

I hereby agree, as one requirement of membership, to subscribe a **minimum of thirty (30) (for 18-65 years old) and fifty(50) (for 66 years old and above) common shares at One Hundred Pesos (P100.00) per share**, enclosing with this application not less than **SEVEN HUNDRED FIFTY PESOS (P750.00)/ONE THOUSAND TWO HUNDRED FIFTY PESOS ONLY (PhP1,250.00)** and balance of which pledge to pay in regular installment until the same is fully paid.

I ALSO PLEDGE TO:

1. Pay the membership fee of two hundred fifty pesos (P250.00) only
2. Help build up the capital of the cooperative by opening a savings account with One Thousand Pesos (P1,000.00)/Three Thousand Pesos (PhP3,000.00) Only as my initial deposit and agree to save at least P100.00 per month. I also agree to deposit at least 50% of whatever amount that may be due me in the future from the Cooperative in the form of interest on capital or patronage refund.
3. I agree to make additional share capital of at least P50.00 per month.
4. I also agree to participate in the GLAD SAVINGS and Health Savings.
5. To pay annual due of five pesos (P5.00) only.

ENCLOSED:

Share Capital	P
Membership Fee	P
Initial Savings	P
GLAD Savings	P
Health Savings	P
ATM Savings	P
ATM Processing Fee	P
Total	P

Very truly yours,

Printed Name & Signature of Applicant

Permanent Address

Date:_____

MANAGER’S CERTIFICATE

Membership No. _____

I hereby certify that applicant _____
has paid the amount of _____

Initial Share Capital	_____
Membership Fee	_____
Initial Savings	_____
GLAD Savings	_____
Health Savings	_____
ATM Savings	_____
ATM Processing Fee	_____
Under Official Receipt No.	_____

Date _____

Branch Manager

ACTION OF THE BOARD OF DIRECTORS

This application for membership was approved/disapproved by the Board of Directors in its meetings held on _____, 20____ at _____.

BOD Resolution No.: _____

BOARD SECRETARY

SACDECO Form No. REV 0001 B
Membership No. _____

MEMBERSHIP PERSONAL DATA SHEET

_____	_____	_____	_____	_____	_____
Title (Mr,Ms)	Last Name	First Name	“Alias”	Middle Name	Suffix

PRESENT/PERMANENT ADDRESS:

_____	_____	_____	_____
Street/Road	Barangay	Town/City	Province

PREVIOUS ADDRESS (IF ANY)

_____	_____	_____	_____
Street/Road	Barangay	Town/City	Province

RESIDENCE/ADDRESS FOR THE LAST FIVE YEARS (if different from the present/permanent address)

_____	_____	_____	_____
Street/Road	Barangay	Town/City	Province

_____	_____	_____	_____
Street/Road	Barangay	Town/City	Province

BIRTHDAY: _____ AGE: _____ TIN: _____
Date Month Year

VALID IDs _____

Are you a member of the following ☐ SSS ☐ Philhealth ☐ GSIS

Mobile No: _____ Tel.No: _____

CIVIL STATUS: ☐ Married ☐ Single ☐ Separated ☐Widow/er

GENDER/SEX: ☐ Male ☐ Female Religion: _____

AFFILIATION/S _____

OCCUPATION: ☐ Farming ☐ Fishing ☐ Pensioner ☐OFW Country: _____

☐ Gov’t Employee ☐ Private Employee ☐ Trade Workers ☐ Self-Employed

☐ Prof. Practitioner ☐ Housewives ☐ Students ☐ Association

Please Check: Are you an Overseas Family Member ☐ YES ☐ NO

HIGHEST EDUCATIONAL ATTAINMENT:

FAMILY BACKGROUND:

Name of Spouse: _____

Occupation: _____ No.of Dependents:_____

Name of Dependents:	Birthday	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother’s Maiden Name:

_____	_____	_____
First Name	Middle Name	Last Name

Father’s Name:

_____	_____	_____
First Name	Middle Name	Last Name

GLAD Beneficiaries

Name	Relationship
_____	_____
_____	_____
_____	_____

NATURE AND NAME OF BUSINESS EXISTING AND FOR THE LAST 5 YEARS

Name of Business : _____

Nature of Business: _____

Business Address: _____

Contact No.: _____

TIN of Business: _____

EMPLOYMENT (Present and for the last 5 years)

Employer : _____

Contact No.: _____

Address: _____

Gross Income: _____ Net Income:_____

Status of Employment: _____ Currency: _____

Hired From: _____ Hired to: _____

Employer (1): _____

Contact No.: _____

Address: _____

Gross Income: _____ Net Income:_____

Status of Employment: _____ Currency: _____

Hired From: _____ Hired to: _____

SOURCES OF INCOME (Check your sources of Income)

- ☐ Salary/Wages
- ☐ Crop Production
- ☐ Livestock, Fish/Poultry Production
- ☐ Business
- ☐ Other Source of Income (Specify) _____
- ☐ Income of other family members living in the same household(Specify) _____

PhP

TOTAL **PhP**_____

MONTHLY GROSS INCOME

- ☐Below 5000
- ☐5,001-8,000
- ☐8,001-15,000
- ☐15,001-20,000
- ☐20,001-30,000
- ☐30,001-50,000
- ☐50,001-100,00
- ☐100,001-250,000
- ☐250,001-500,000
- ☐500,001-ABOVE

ANNUAL GROSS INCOME: PhP_____

BANK DATA

Name of Bank: _____ Type of Bank Account:_____

Address: _____

Account Number: _____

Account Name: _____

Date Opened:_____ Status:_____

PERSONAL PROPERTIES

Car/s Owned: _____

Certificate of Reg. No. _____

Model: _____ Engine No. _____

Type: _____ Chasis No. _____

Plate No. _____ Registered/Unregistered:_____

OTHER ASSETS (Real or Personal) use separate sheet if space provided cannot accommodate data

OCT/TCT No. _____

Tax Declaration.No. _____

Last Tax Payment Update: _____

CONTRIBUTION TO CAPITAL FORMATION:

How much do you pledge to contribute to our share capital? _____
The minimum is three thousand pesos (P3,000.00)/five thousand pesos (PhP5,000.00) only.
How much are you paying now with this application? _____
This is your unpaid balance P _____
How will you pay your unpaid balance? Monthly at _____each; Quarterly at _____each; Semi-annual at _____each; Annually at _____ each

How much savings deposits did you give with this application? _____
How much do you pledge to save in our Cooperative every month? _____

Any previous experience in Cooperative? Specify date, your position and name of cooperative if any

Have you ever been accused or convicted of any crime? If in the affirmative, explain.

REFERENCES:

Name	Address
_____	_____
_____	_____
_____	_____

I _____, hereby certify the foregoing information is true and correct to the best of my knowledge and belief.

Signed this _____day of _____, 20__ at _____.

I further give consent to the Sta. Cruz Savings and Development Cooperative (SACDECO) to get all information stated here and I further authorized SACDECO to give, provide or disclose whatever information relating my account in compliance to Credit Information System Act (CISA).

Recommended	Signature of Applicant
_____	_____

Res. Cert. No. _____Place _____Date_____

TERMINATION:BOD Resolution No.:_____ **Date:** _____