



NATCCO Network
STA. CRUZ SAVINGS & DEVELOPMENT COOPERATIVE
 Poblacion Este, Santa Cruz, 2713 Ilocos Sur, Philippines
 Reg. No. RI-FF-109 Confirmation No. 362 Re-Reg. No. 9520-01000602



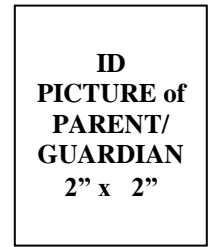
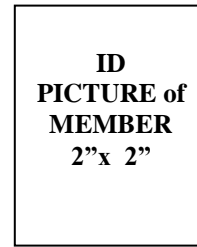
Our future, today.

MEMBERSHIP APPLICATION
(YOUTH TIPID MOVEMENT/ AFLATOUN/LABORATORY COOPERATIVE)

THE BOARD OF DIRECTORS
SACDECO LABORATORY COOPERATIVE
 Sta. Cruz, Ilocos Sur

Membership No. _____

Attention: _____
 Chairperson of the Board



Subject: **APPLICATION FOR MEMBERSHIP**

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

DATA SHEET:

Name: ITF- _____ Age: _____ Sex: _____ B-Date _____
 Mailing Address: _____ Birth Place: _____
 School: _____ Grade: _____
 Name/Address of School: _____ Year: _____
 Name of Father: _____ Name of Mother: _____
 Guardian: _____
 Beneficiaries: Principal _____ Secondary _____

HOW MUCH DO YOU SUBSCRIBE AND PAY AS SHARE CAPITAL? _____ The minimum is One Hundred Pesos (P100.00) only.

HOW MUCH SAVINGS DEPOSITS DO YOU GIVE WITH THIS APPLICATION? P _____

WANT TO BE A GLAD MEMBER? YES NO If yes, how much will you deposit to your GLAD?P _____

WANT TO BE A MEDICAIDE MEMBER? YES NO If yes, how much will you deposit to your MEDICAIDE?P _____

ENCLOSED: Share Capital P _____
 Membership Fee P _____
 Savings Deposit P _____
 GLAD p _____
 Health Savings P _____
 Total P _____

I _____, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.
 Signed this _____ day of _____, _____ at _____.

Very truly yours,

 Printed Name & Signature of Applicant

CONFORME AND GIVING MY CONSENT ON THE MEMBERSHIP OF MY CHILD
 IN THE SACDECO LABORATORY COOPERATIVE:

 Printed Name & Signature of Parent/Guardian
 Reg. Cert. No. _____ Place _____ Date _____
 Valid ID: _____
 Contact Number/s: _____

Membership No. _____ **MANAGER'S CERTIFICATE**

I hereby certify that applicant _____ has paid the amount of _____
 (P _____) as payment for: Share Capital _____;
 Initial Savings Deposit _____; Membership Fee _____ Under OR No. _____ Date _____

 Branch Manager

ACTION OF THE BOARD OF DIRECTORS

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