



DUMAGUETE CATHEDRAL CREDIT COOPERATIVE

Sta. Rosa Street, Dumaguete City

MEMBERSHIP APPLICATION AND SUBSCRIPTION AGREEMENT

MEMBERSHIP NO. _____

I. PERSONAL DATA:

Name _____ Sex _____
 Surname First Name M.I. Signature of Applicant
 Nickname: _____ Age: _____ Civil Status: _____ Nationality: _____
 Date of Birth: _____ Birthplace: _____ Religion: _____
 Name of Spouse: _____ Signature of Spouse : _____
 Nickname of Spouse: _____ Nationality: _____ No. of Children: _____
 Previous Address: _____
 House No. Street/ Purok Barangay City Province
 Present Address: _____
 House No. Street/ Purok Barangay City Province
 Contact No.: _____
 Telephone/Cellphone No.

II. PLEASE CHECK:

Own House : _____ Years of Stay _____
 Rented : _____ Years of Stay _____
 Living with somebody: _____ Years of Stay _____
 Lot (Owned or rented) _____

EDUCATIONAL ATTAINMENT: (Put a check & list down the name of school or university)
 Elementary : _____
 High School : _____
 College : _____
 Course : _____

III. OCCUPATION/ POSITION / SOURCE OF INCOME

Occupation / Position of Applicant _____ Income: P _____ No. of Years in Service: _____
 Employer: _____ Address of employer : _____

Occupation / Position of Spouse _____ Income: P _____ No. of Years in Service: _____
 Employer: _____ Address of employer : _____

Other Source of Income:
 1) _____ Amount : P _____
 2) _____ Amount : P _____

IV. HEIRS/ BENEFICIARIES

	Name	Age	Relationship	Address
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

V. FAMILY MEMBERS/ RELATIVES WHO ARE MEMBERS OF DCCCO

	Name	Relationship	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby apply for membership with the DUMAGUETE CATHEDRAL CREDIT COOPERATIVE (DCCCO) and agree to faithfully obey its rules and regulations as set forth in its by-laws and amendments thereof, the decisions of the general membership as well as the Board of Directors and the provisions of RA 6938 and RA 6939.

I hereby pledge to participate in the Capital build-up program of DCCCO By:

- a. Paying the membership fee of _____ pesos (P _____).
- b. Subscribing at least _____ () share/s and pay the sum of at least _____ pesos (P _____) representing the value of _____ () shares, upon submission of my application for membership.
- c. Pay my remaining subscribed capital of _____ pesos (P _____) in lump sum or regular, daily, weekly, semi-monthly, monthly, bi-monthly or quarterly installments of _____ pesos (P _____) within a period of not beyond _____ () months/years. I hereby further agree that the maximum terms of payment for my unpaid subscription shall in no case be beyond (2) years. It is understood that the share capital (Fixed Deposit) shall not be withdrawn during my membership. It is further understood that should my total paid-up share capital (Fixed Deposit) remain below the minimum of One Thousand Pesos (P 1,000.00) one (1) year after approval of my membership, said amount shall be charged/deducted the amount of _____ Pesos (P _____) a month as dormancy fee until my membership is reactivated or terminated.
- d. Make regular daily/weekly/semi-monthly/bi-monthly/quarterly Savings Deposit in the sum of _____ Pesos (P _____).
- e. Pay the Annual Mutual Death Aid Benefit Fee (MDABF) contribution of _____ pesos (P _____); and
- f. Pay the Loan Protection Plan contribution as required for members with regular loans from the DCCCO.

In accordance with Article 59, "Instrument for Salary or Wage Deduction" of RA 6938, I hereby authorize the paymaster of my employer _____, to deduct the amount of _____ pesos (Name and address of employer) (P _____) from my salary every payday/month for payment of my remaining subscribed Capital and Savings deposit as indicated above.

SKETCH OF THE ROUTE TO THE APPLICANT'S RESIDENCE
(Indicate the landmark as guide)

- Papers submitted for identification purposes. Any of the ff:
- | | |
|---------------------------|--|
| (1) Birth Certificate | (4) Certificate of Employment/Business |
| (2) Baptismal Certificate | (5) Passport |
| (3) Driver's License | (6) Others (pls. specify) _____ |

Reasons for joining DCCCO: _____

Recommended by/Reference known to DCCCO:

- | | |
|---|---|
| 1. _____
Signature over PRINTED NAME | 2. _____
Signature over PRINTED NAME |
|---|---|

Are you a member of another **Cooperative**? (Please check) **Yes** () or **No** ()

If Yes: State the name of the Coopeative:

- | | |
|----------|---------------|
| 1) _____ | Address _____ |
| 2) _____ | Address _____ |

APPROVED / DISAPPROVED

Members Services Officer

Reason (s) for disapproval: _____

Date of PMES
Recorded By: _____
Secretary

Date of Approval

