CAVITE ZONE WORKERS MULTIPURPOSE COOPERATIVE

Lot1 Block 5, Phase 2, PEZA, Rosario, Cavite, Philippines 4106

Membership Application Form

Membership Application No.									
	Please check a	opropriate box: NEW		UPDAT	E ONLY			Attach picture here	
Applicant's Name:									
Last Name		First Name			Middle N	ame	Com	pany Name	
Facility:	Department:			Email address:			Company ID No.		
r acinty.	bepartment.			Linui uu			oompany ib noi		
Occupation / Position: Educational Attainm		nent: Dat		Date Hired:(MM/DD/YY)		Employee Status:			
		1			1				
Initial Paid-up Share Capital		AMOUNT OF SHARE CAPITAL			TIN no.:				
Amount of Initial Paid-up Capital	No. of Share	are TERM OF PAYMENT		TIN no. issued date:		Ι			
(MINIMUM OF P1,300 o 13 SHARES)	(Value / share: 100)	SEMI - MONTHLY	SEMI - MONTHLY MONTHLY		-		Contact no.:		
Present Address:									
Permanent Address:									
					.				
Birthday:	Birthplace	Birthplace:			Religion:				
Civil Status:	Gender:	Gender:			Monthly Income:				
In compliance with RA 10173 otherwise know	vn as Data Privacy Act of 2012 any per				e Cavite Zone	e Workers Multipurpos	se Cooperative shall rema	in and protected by the Cavite	
In violation hereo	f, the Data Privacy Officer and/ or the h	ead agency shall be liable in a	ccordance with		ion of RA 10	173 otherwise known	as Data Privacy Act of 20	12.	
		Name of If Married (Spouse & Ch	Dependents hildren), If Si	ngle (Par	ents)				
First Name Middle Name	Surname Firs	Name Middle N	ame	Surname		First Name	Middle Name	Surname	
Relationship:	nip:	Relationship				:			
Birthday: (MM/DD/YY) Birthday: (MM/DD/YY)						Birthday: (MM/D	D/YY)		
Occupation:		Occupation:				Occupation:			
Fathers' Name		Mothers' Maiden Name			Spouse Name				
First Name Middle Name	Surname First	Name Middle Na	me	Surnam	e	First Name	Middle Name	Surname	
**I understand that the Cavite Zone W be liable for any claims/or liabilities b								and cannot	
		AUTHORIT	Y TO DED	UCT					
Upon approval of this applicatio in a semi-monthly/monthly payroll th			Cooperative	in payme				eductions from CZWMPC	
						Signat	ure over Printed Nan	ne / DATE	
		For Cooperativ	ve Personnel C	Inly		-			
Board Resolution No.				Date ad	ccepted:				
Processed by:				Date:					
Screened by:	CZWMPC STAFF		Date:						
Approved by:	EDCOM CHAIRPERSON			Date:					
PMES Facilitator:	CHAIRPERSON			Date:					
Checklist :	CZWMPC Manager / HR 1. ID photo (1x1) 2. Accomplished Membership Form			[]					
	3. Coop Orientation (PMES) certificat	e		[]					
CZWMPC - FRM - 002_REV6									

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SUBSCRIPTION AGREEMENT								
WHEREAS, Art. 75 of RA 9520 provides that "the bylaws of every cooperative shall provide for a reasonable and realistic member capital build-up program to allow the continuing growth of the members' investment in their cooperative as their own economic conditions continue to improve".								
WHEREAS, Art. 15 of the same Code states that "the bylaws of each cooperative shall provide for (a) the qualification for admission to membership and any payment to be made or interest to be acquired as a condition for the exercise of the right of membership; (b) the rights and liabilities of membership; and (h) the manner in which capital may be raised and the purposes for which it can be utilized".								
WHEREAS, Art. 30 of the same Code further provides that "membership in the cooperative may be terminated (a) when a member has continuously failed to comply with his obligations; and (b) when a member has acted in violation of the bylaws and the rules of the cooperative".								
WHEREAS, Rule 10 of the Revised Rules and Regulations Implementing Certain and Special Provisions of RA 9520 (2015) provides that "the cooperative shall execute a subscription agreement upon admission of members and whenever additional subscription shall be made by member/s upon full payment of initial subscription".								
IN VIEW OF THE FOREGOING, I, a <u>regular</u> /associate member of Cavite Zone Workers Multipurpose Cooperative hereby pledge to subscribe tocommon shares with a total amount of Phppayable within 12 months_(/ month) as a condition for my admission/continuous membership thereof.								
FURTHER, I understand that failure to pay said obligation within the prescribed period and upon demand by the cooperative, I am liable to pay the penalty as provided for in the bylaws.								
FURTHERMORE, I am fully aware that my rights may be suspended for failure to pay the additional subscription and my membership might ultimately be terminated.								
DONE this day of20 at , Philippines.								
Having explained the effects and consequences of the foregoing to the member, the subscription is hereby accepted.								
Signature of COOP authorized representative								
UNDERTAKING								
I,, hereby undertake to uphold the By-Laws, policies, guidelines, rules and regulations of the Board of Directors and the General Assembly that may be promulgated by the Cooperative Development Authority.								
Signature over printed name of member/ DATE								