

BOHOL COMMUNITY MULTI-PURPOSE COOPERATIVE

Formerly: LOAY COMMUNITY MULTI-PURPOSE COOPERATIVE

Poblacion Ubos, Loay, Bohol

Tel. Nos. (038)538-9200/538-9478/538-9371/538-9159

APPLICATION FORM						
MAIN OFFICE BRA	ANCH	CH SATELLITE OFFICE			Picture	
Regular Mem	erAssociate Member			ember		
PERSONAL INFORMATION NAME						
LAST NAME	FIRST NAME			MIDDLE NAME		
	THOTIVINE					
BIRTHDATE mm dd yy	BIRTHPLACE			AGE		
SEX Male Female	RELIGION			NATIONALITY		
CIVIL STATUS Single Married	Widower Separated			NO. OF HOUSEHOLD		
TIN	SSS/GSIS			PAG-IBIG		
HOME ADDRESS						
NO./PRK./ST.	DIST./BRGY.			MUNICIPALITY/CITY		
PROVINCE	MOBILE NO.			OFFICE PHONE NO.		
EDUCATIONAL LEVEL						
Elementary College Master Degree Vocational Educ.						
High School Doctorate Post Graduate						
FAMILY INFORMATION						
Relationship Name (Last, First, Middle)	Date of Birth	Sex	Civil Status	BCMPC Member	is Beneficiary?	
Spouse						
Child 1						
Child 2						
Child 3						
MEMBER'S PARENTS						
FATHER						
MOTHER						
Sketch Map of Residence:						

MEMBERSHIP and SUBSCRIPTION AGREEMENT

I hereby pledge to participate in the Capital Build-Up Program of Bohol CMP Cooperative:

1. Complying with the provisions of the Cooperative Code of the Philippine, Articles of Cooperation. By-laws and the policies set forth by the General Assembly and the Board of Director as well the acts of the duly constituted authorities and upon failure on my part, the cooperative at its option may: a. Impose fine b. Suspend my membership c. Expel me from the rooster of membership, whereupon all my shareholding in the cooperative 2. Attending all assemblies ownership meeting, conferences and seminars as required by the Board of Directors and failure on my part, unless previously excused by the Board, pay the set fine for the purpose and make-up the said activities I have missed. 3. Continuing to participate in the Capital Build-Up Program by: a. Subscribing for at least_____(no. of common share/s)at Three Hundred Pesos(P300.00) per share , equivalent to ______(amount in words) (P_____), in _____(no. of common share/s) equivalent to _____ (amount in words) (P_____) had already been paid. **If on Installment:** I shall pay at least_____(no. of common share/s) Equivalent to_____ ____(amount in words) (P), until fully paid.

b. Contributing to my share capital at least______% of the annual interest of my capital or

4. Paying Annual Dues as required for members.

I understand the provisions of this agreement, the Articles of Cooperation and By-Laws as explained to me and that I will abide the terms and condition stipulated by this agreement.

I am aware that the cooperative through the Board of Directors my impose sanctions against me or perform any acts necessary to make sanctions effective without going to the court.

divedend and patronage refund.(Minimum 10%)

In witness hereof, I have hereunto affixed by signature this 20	day of
	Signature over printed name
	Approved By:
	Signature over printed name Chairman of the Board

Membership fee paid under Official Receipt No. ______ Dated _____

Membership No. _____