



## APPLICATION FORM

☐ Regular Member

☐ Associate Member

## MEMBERSHIP AND SUBSCRIPTION AGREEMENT

The Board of Directors

I \_\_\_\_\_ a resident of \_\_\_\_\_ hereby agree to be a member of TC Laboratory Cooperative. I have completed the training course prescribed for prospective members, and I understand the purpose and/or objectives of this laboratory cooperative.

In this connection with such membership, I hereby agree to the following terms and/or conditions:

1. To comply with the provision of the Articles of Cooperation, By-Laws and Policies set by the Board of Directors, the General Membership Assembly as well as acts of duly constituted authorized and, for failure on my part to do so, the Cooperative may its option
  - a. Fine
  - b. Suspend;or
  - c. Expel me from the membership where upon all my shareholding shall be answerable for my liabilities to the Laboratory Cooperative.
2. To attend all meetings, conferences and/or seminars as required and upon failure on my part to do so unless previous excused by the Board and to make up for the activity I missed.
3. To participate in the planned thrift and savings program by having:
  - a. For regular membership, subscribed at least 20 shares valued P 200.00 and paying for it to either in lumpsum or in regular installment.
  - b. For associate membership, an initial subscription of one (1) share valued Ten Pesos (P10.00) and to continuously build up the required share capital subscription as stated in item a.
4. To pay the required membership fee.
5. To comply with the directive of duly constituted authorities as well as decisions of the Board regarding the operating policies of the Laboratory Cooperative.
6. Upon reaching the age of 18 years old, I may voluntarily convert my membership with TC Laboratory Cooperative into an Associate/Regular member of Tagum Cooperative subject to the terms and conditions thereof.

The provision of this agreement, the Articles of Cooperative, and the By-Laws have been explained to me, and understand them as I agree to abide with all of them.

In all of the above undertaking I am aware that the Board of Directors and/or the Laboratory Cooperative may impose sanction against me or perform any acts necessary to make sanction(s) affective going to court.

In witness thereof, I have hereunto affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_

Conforme:

Applicant Signature over Printed Name

Parent/Guardian Signature

### REQUIREMENTS

Youth Savers		POWER TEEN		AFLATOUN		LAB COOP	
a. Initial Share Capital	P 100.00	a. Initial Share Capital	P 100.00	a. Initial Share Capital	P 100.00	a. Initial Share Capital	P 100.00
b. Savings	60.00	b. Savings	80.00	b. Savings	20.00	b. Savings	30.00
c. Membership Fee	20.00	c. Membership Fee	20.00	c. Membership Fee	20.00	c. Membership Fee	20.00
<b>TOTAL</b>	<b>P180.00</b>	<b>TOTAL</b>	<b>P200.00</b>	<b>TOTAL</b>	<b>P140.00</b>	<b>TOTAL</b>	<b>P150.00</b>

Sketch Map of Residence:



## PERSONAL INFORMATION

### Account Name

FAMILY NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH (mm) (dd) (yyy)		BIRTHPLACE	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		RELIGION	NATIONALITY
CONTACT NO.		GRADE/YEAR LEVEL	SECTION
HOME ADDRESS			
SCHOOL NAME/CHAPTER			
ADDRESS			
MEMBERSHIP PREFERENCE			
<input type="checkbox"/> YOUTH SAVERS <input type="checkbox"/> POWER TEEN <input type="checkbox"/> AFLATOUN (School based) <input type="checkbox"/> LAB COOP			

## PARENTS/GUARDIAN INFORMATION

### FATHER'S NAME

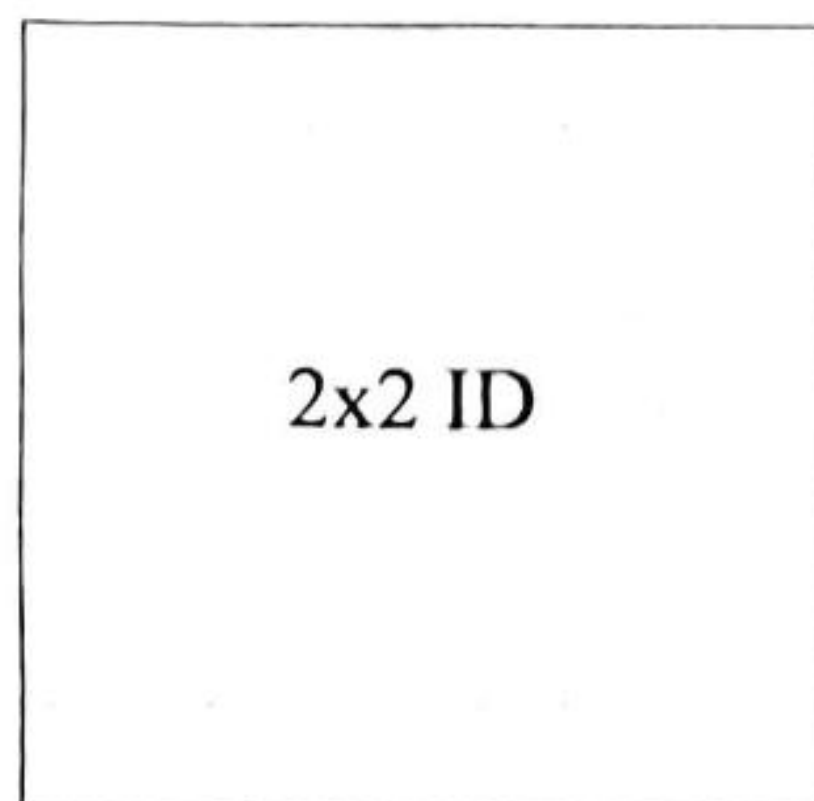
FAMILY NAME		FIRST NAME	MIDDLE NAME
OCCUPATION:	CONTACT #		DATE OF BIRTH (mm) (dd) (yyy)
MY FATHER IS A MEMBER OF TAGUM COOP. <input type="checkbox"/> YES <input type="checkbox"/> NO			

### MOTHER'S NAME

FAMILY NAME		FIRST NAME	MIDDLE NAME
OCCUPATION:	CONTACT #		DATE OF BIRTH (mm) (dd) (yyy)
MY MOTHER IS A MEMBER OF TAGUM COOP. <input type="checkbox"/> YES <input type="checkbox"/> NO			

## PARENTAL ACKNOWLEDGMENT

I declare that all above information is true and correct. I consent my child to join the **TC LABORATORY COOPERATIVE PROGRAM**. My child and I have agreed that:

☐

Only his/her signature is necessary to make savings withdrawal.

☐

Only my signature is necessary to make savings withdrawal.

☐

Both signatures are needed for savings withdrawal.

\_\_\_\_\_  
Parent/Guardian Signature Over Printed Name



# TC LABORATORY COOPERATIVE

Under the Guardianship of:  
**TAGUM COOPERATIVE**

<b>SIGNATURE CARD</b>				ACCOUNT NUMBER	
FAMILY NAME		GIVEN NAME		MIDDLE NAME	
ADDRESS		STREET		CITY / PROVINCE	
				CONTACT NUMBER	
DATE OF BIRTH		NATIONALITY		SEX	
		[ ] Filipino [ ] Others , Specify		[ ] Male [ ] Female	
				Father's Name	
				Contact No.	
				Mother's Name	
				Contact No.	

## ACCOUNT HELD IN TRUST

NAME	
DATE OF BIRTH	REMARKS

# TC LABORATORY COOPERATIVE

I/We hereby agree to be governed by your regulations contained in the passbook. Please recognize the following signature/s in payment of funds or in transacting other business on my/our account.

\_\_\_\_\_  
Specimen Signature

\_\_\_\_\_  
Specimen Signature

\_\_\_\_\_  
Specimen Signature

\_\_\_\_\_  
Specimen Signature

Approved/Noted	Signature Taken and Authorized	Initial Deposit	Date Opened