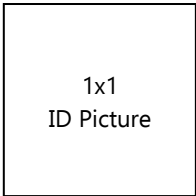


U.P. CREDIT COOPERATIVE
UP Campus Diliman Quezon City



ID No.: _____ Membership Date Approved: _____ Members Status: Regular Associate

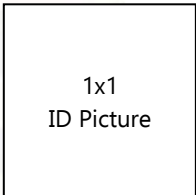
MEMBERSHIP AND SUBSCRIPTION AGREEMENT

PERSONAL DATA:

Full Name:			TIN No.:		
Home Address:					
Date of Birth:		Age:	Birth Place:		
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile No.:			Email Address:		
Unit/Office/Dept.:				Employee ID No.:	
Status of Employment: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> UP Contractual <input type="checkbox"/> Non UP Contractual					
Employment Classification: <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> REPS				Position:	
Payroll Account No.:			Bank: <input type="checkbox"/> Lanbank <input type="checkbox"/> DBP <input type="checkbox"/> Vetrans Bank		

DESIGNATED BENEFICIARY:

Full Name:		Date of Birth:	Age:
Address:		Relationship:	



REFERRED BY:

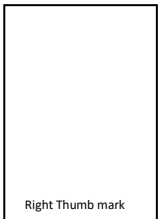
Name:	Unit/Office:
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I hereby pledge to;

1. Attend and finish the prescribed pre-membership education program;
2. Pay the Membership Fee of Two Hundred Pesos (₱200.00);
Fixed Deposit – Maximum of Three Thousand Five Hundred Pesos (₱3,500.00);
Benefit Plan Fund of Three Hundred Pesos (₱300.00).
 - a. Contribute at least _____ % or ₱ _____ of my monthly salary to the Premium Savings Deposit (CBU)
 - b. Deduct _____ % or ₱ _____ monthly from my payroll for Savings Deposit in U.P. Credit Cooperative;
3. Authorized the U.P. Credit Cooperative to deduct ₱ _____ per month for my regular contribution to the Benefit Plan Fund of the Cooperative;
4. Attend all meetings, conference and seminars as required by the Board of Directors;
5. Assign to the U.P. Credit Cooperative, the proceeds of my benefit claims and other receivables to the extent of the said U.P. Credit Cooperative, if any; and
6. Comply with the provisions of the Articles of Cooperative, the By-Laws and policies set by the Board of Directors, the General Assembly as well as official acts of duly constituted authorities. Failure on my part to do so, the Cooperative, at its option, may impose sanctions against me or perform any act necessary to make sanctions effective.

In witness hereof, I have here on affixed my signature and thumb mark this _____ day of _____, 20____.

Signature over Printed Name



The application for membership was **APPROVED** **DISAPPROVED** by the Board of Directors in its meeting held on _____ day of _____, 20____.

Secretary