

PMES Date: / /



CITY HALL EMPLOYEES MULTIPURPOSE COOPERATIVE (CHEMCO)

City Hall, Cagayan de Oro City

Tel. No. (088) 882-5632

MEMBERSHIP PROFILE

LAST NAME	FIRST NAME	NAME EXTENSION (e.g Jr., II)	MIDDLE NAME	NO MIDDLE NAME <input type="checkbox"/>	Date of Birth
-----------	------------	------------------------------	-------------	--	---------------

EMPLOYMENT DETAILS

EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Job Order <input type="checkbox"/> Co-Terminus <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed	OCCUPATION	Monthly Income: Basic _____ Allowance/Others _____ Total _____	
*EMPLOYER / BUSINESS NAME	POSITION	OFFICE	Date Employed (Month, Year)

PERSONAL DETAILS

FATHER	LAST NAME	FIRST NAME	NAME EXTENSION (e.g Jr., II)	MIDDLE NAME	NO MIDDLE NAME <input type="checkbox"/>	Date of Birth
*MOTHER (Maiden Name)					<input type="checkbox"/>	Date of Birth
*SPOUSE (If Married)					<input type="checkbox"/>	Date of Birth

EMAIL ADDRESS	*MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
*PLACE OF BIRTH (City/Municipality/Province/Country) <i>(Please indicate country if born outside the Philippines)</i>	CITIZENSHIP	SSS NUMBER																				
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT (cm)	WEIGHT (kg)	RELIGION	GSIS NUMBER																		
CONTACT NUMBER	EDUCATIONAL ATTAINMENT	PAG IBIG NUMBER	PHILHEALTH NUMBER																			

ADDRESS DETAILS

*PERMANENT HOME ADDRESS				
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code
*PRESENT HOME ADDRESS				
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code

BENEFICIARY

Name	Educational Attainment	Relationship	Date of Birth

VEHICLE OWNED

Type of Vehicle	Market Value	Mortgage to

Are you already a member of another Credit Cooperative? If yes, please state the name of the Cooperative _____

Is your Husband/Wife already a member of another Credit Cooperative? If yes, please state the name of the Cooperative _____

How much total share you will subscribe? _____.

How much will you pledge regularly save in this Credit Cooperative? _____ every 15th/30th.

*Regular membership will subscribe at least thirty (30) Common shares at One Hundred pesos (P100.00) per share and pay the value of at least five (5) shares upon approval of his/her membership.

*Associate Membership will subscribe at least thirty (30) Preferred Shares and pay the value of at least five (5) shares upon approval of his/her membership.

I shall endeavor to attend the Educational and Social functions of this Credit Cooperative so that I can understand and appreciate its working. I shall consider acted myself only a member when the Board of Directors has acted on this application when I have complied with the educational requirement.

I hereby certify that the information given, and all statements made herein are true and correct.

(Member who recommended this applicant)

Signature over printed name of the applicant

Approved by: _____
Authorized Personnel

Date: / /

MEMBER'S SUBSCRIPTION AGREEMENT

The Board of Directors

The Board of Directors,

In connection with my membership to this Cooperative, I hereby subscribe _____ Common/ Preferred Shares valued at One Hundred Pesos (Php100.00) per share or equivalent to _____ Pesos (Php_____), on the following terms and conditions:

- 1. I agree to pay the initial amount of at least Two Hundred Pesos (Php200.00) upon subscribing and the balance to be paid in installment of Pesos (Php), payable in months (not to exceed 24 months). I agree that the unpaid balance of my subscribed capital is my liability to this Cooperative.
- 2. I agree that I could guarantee/sell a portion of my share capital to any member with prior approval by the Cooperative. I agree that I could make claims to my share capital contribution upon termination of membership without pending obligation and subject to the Cooperative applicable policies, systems and procedures.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20____ at _____, Philippines.

SUBSCRIBER'S SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20____ at Cagayan de Oro City, Philippines, and the subscriber exhibiting CTC No. _____ issued on _____ at _____.

ADMINISTERING OFFICER