



PEOPLE'S MULTI-PURPOSE COOPERATIVE

(MAIN OFFICE) Pricipe Building, Maharlika Hi-Way, Upi, Gamu, Isabela

(SATELLITE OFFICE) 20-E, 2nd Camarilla St, Brgy San Roque, Cubao, Quezon City

MEMBERSHIP FORM

Please fill-out this form completely and legibly. Print all entries in CAPITAL LETTERS. Write "N/A" if Not Applicable.

I. MEMBERS INFORMATION

DATE SIGNED

m	m	d	d	y	y	y	y

(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (NICKNAME)

NATIONALITY: AGE: DATE OF BIRTH - -
m m d d y y y y

ADDRESS:

(ZIP CODE)

 OWNED

 RENTED

PLACE OF BIRTH:

GENDER
 MALE
 FEMALE

CIVIL STATUS
 SINGLE
 MARRIED
 WIDOW
 SEPARATED

HEIGHT: FT

HIGHEST EDUCATIONAL ATTAINMENT:

WEIGHT: KG

BLOOD TYPE:

EMAIL ADD:

RELIGION:

CONTACT No.

II. ADDITIONAL INFORMATION APPLICABLE TO AFP MEMBER ONLY

AFPSN: RANK: DESIGNATION:

AFP ID No. PRESENT ASSIGNMENT:

CONTROL No. YEARS IN SERVICE:

MEMBERSHIP CATEGORY: (Please Check)

CAD/ENLISTMENT DATE - -
m m d d y y y y ASSOCIATE MEMBER - -
m m d d y y y y (MEMBERSHIP DATE)

RETIREMENT DATE - -
m m d d y y y y REGULAR MEMBER - -
m m d d y y y y (REGULAR MEMBERSHIP DATE)

PENSION DATE - -
m m d d y y y y

III. MEMBERSHIP INFORMATION

BRANCH OF SERVICE AND MEMBERSHIP (PLEASE PUT CHECK)

ACTIVE MILITARY

ARMY
 AIR FORCE
 NAVY
 RESERVIST

RETIRED MILITARY

ARMY
 AIR FORCE
 NAVY
 RESERVIST

BENEFICIARY

WIDOW
 DEPENDENT
 PARENTS
 OTHERS

CIVILIAN EMPLOYEES

AFFC
 PNFC
 FCPA
 OTHERS

PMPC

BOARD OF DIRECTORS
 MANGEMENT
 STAFF
 PROBITIONARY
 OTHERS

IV. MOTHER'S MAIDEN INFORMATION

(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) AGE:

V. FATHER'S INFORMATION

(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) AGE:

VI. IDENTIFICATION CODE

TIN ID No. - - GSIS No.

CRN/UMID

VII. SPOUSE INFORMATION (if married, please provide details of your spouse)

(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) AGE:

DATE OF BIRTH - -
m m d d y y y y DATE OF MARRIAGE - -
m m d d y y y y

VIII. DEPENDENT'S INFORMATION

DEPENDENTS NAME	DATE OF BIRTH	GENDER
1	, ,	
2	, ,	
3	, ,	
4	, ,	
5	, ,	
6	, ,	

IX. EMPLOYMENT INFORMATION (OPTIONAL)

EMPLOYER'S NAME _____
 (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

TIN ID No. [][] - [][] - [][][][] PSIC: _____

GROSS INCOME	MONTHLY:	ANNUALLY:
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OCCUPATIONAL STATUS *If employed, please provide the status of your employment*

<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> REGULAR	DATE HIRED [][] - [][] - [][][][]
<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> CASUAL	<small>m m d d y y y y</small>
<input type="checkbox"/> ENTREPRENEUR	<input type="checkbox"/> PART-TIME	
<input type="checkbox"/> RETIRED	<input type="checkbox"/> CONTRACTUAL	OCCUPATION _____
<input type="checkbox"/> OTHERS	<input type="checkbox"/> PROJECT BASED	
	<input type="checkbox"/> OTHERS	

X. OWNED COMPANY/ BUSINESS INFORMATION (OPTIONAL)

BUSINESS NAME _____

BUSINESS ADDRESS _____

CONTACT No. _____ TIN ID No. [][] - [][] - [][][][]

XI. OTHER DETAILS

OTHER SOURCES OF INCOME	MEMBERSHIP WITH OTHER FINANCIAL INSTITUTIONS/COOPERATIVES

XII. PERSON TO CONTACT IN CASE OF EMERGENCY

NAME: _____
 (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

ADDRESS _____
 (Unit No./Floor/House No.) (STREET) (BRGY) (CITY/MUNICIPALITY) (PROVINCE)

(ZIP CODE) (CONTACT No.) (RELATIONSHIP)

I hereby certify under oath that the information above are true and correct and will abide as member with the People's Multi-Purpose Cooperative policies and procedures.

 MEMBER'S SIGNATURE MEMBER'S SIGNATURE MEMBER'S SIGNATURE

TO FILL UP BY PEROPLE'S MULTI-PURPOSE COOPERATIVE

ID INFORMATION	RECRUITMENT TYPE	
ISSUED DATE [][] - [][] - [][][][]	WALK IN <input type="checkbox"/>	CARAVAN <input type="checkbox"/>
	INFO DRIVE <input type="checkbox"/>	PROMOS <input type="checkbox"/>
STATUS []	TELEMARKETING <input type="checkbox"/>	LETTER <input type="checkbox"/>
	REFERRAL <input type="checkbox"/>	EMAIL <input type="checkbox"/>
SCC NO. []	HOUSE TO HOUSE <input type="checkbox"/>	TEXT MSG <input type="checkbox"/>
		SPECIAL OPS <input type="checkbox"/>
		OTHERS <input type="checkbox"/>
PROCESSED BY:	NOTED BY:	APPROVED/DISAPPROVED BY:
(Signature Over Printed Name/ Date)	(Signature Over Printed Name/ Date)	(Signature Over Printed Name/ Date)
AUTHORIZED REPRESENTATIVE	GENERAL MANAGER	BOARD OF DIRECTORS