



ID PHOTO
1x1

APPLICATION FOR MEMBERSHIP

Before filling-out the application form, please read the agreement herewith. Please fill out application form properly, placing N/A for items not applicable. Incomplete applications will not be processed.

Requirements checklist:

- ☐ Membership Application Forms / Signature Card
- ☐ Birth / Marriage Certificate

- ☐ 1x1 picture (2 pcs.)
- ☐ Valid IDs (TIN/SSS/GSIS)

MEMBERSHIP INFORMATION (FOR COOP USE ONLY)

Application is for: ☐ New member ☐ Re-active ☐ For Updating ☐ Regular ☐ Associate	CID No.:	URPRODATA CID No.:	Name of recruiter:
			Date signed:

PERSONAL DATA

Last Name		First Name		Middle Name		Ext. (e.g. Jr., Sr.)					
Maiden Name											
Birthday (MM/DD/YY) 		Place of Birth:		Religion:		Household size:					
Civil Status:		Sex: Male ☐ Female ☐		Gender: Gay ☐ Lesbian ☐ Transgender ☐ Other ☐		Height: (cm)		Weight: (kg)		Blood Type:	
TIN #:		SSS #:		PHILHEALTH #:		GSIS #:					
UMID #:		HDMF #:		Driver's License #:		Other ID's:					
Educational Level: ☐ Elementary Level ☐ Elementary Graduate ☐ High School Level ☐ High School Graduate ☐ Short Term Course ☐ Vocational Graduate ☐ TESDA Graduate ☐ College Level ☐ College Graduate ☐ Graduate School ☐ None											
Sector represented: ☐ Coop sector ☐ Private sector ☐ Government sector ☐ Student ☐ Indigenous people ☐ NGO sector ☐ Senior Citizen ☐ Person with disability ☐ Micro entrepreneurship ☐ Agri farmer ☐ Aqua farmer ☐ ARB ☐ Youth ☐ None											
Occupation / Industry affiliation: (Specify the nature of work or occupation) ☐ Government Employee/ Official ☐ Private Employee ☐ Business owner / Entrepreneur ☐ Farmer ☐ Fisherman ☐ Animal raising ☐ Self-employed ☐ House wife/House husband ☐ Overseas Filipino Worker ☐ Licensed Practitioner ☐ Religious Sector/ Worker ☐ Retired Employee/ Retiree ☐ Skilled worker ☐ Others, pls specify:						Sources of funds: ☐ Salary/ Honoraria ☐ Commission/ Investment ☐ Business ☐ Pension ☐ Overseas Filipino Remittance ☐ Other remittance ☐ Others, pls specify:					
Business / Employer Name:						No. of years (Source of Income):		Gross monthly income/ salary:			
Business / Employer Address:				Position/ Title:		Business / Employer contact number:					
Organization affiliation: (use extra paper if necessary) Name of Organization Position (if there's any) Address											
Current address: (No. / Street / Subdivision/ Barangay)		(City/Municipality)		(Province)		Zip Code		Residence since (Year): ☐ Owned ☐ Rented ☐ Owned by relatives			
Mobile number:		Telephone Number:		Email address:							
Home address: (No. / Street /Subdivision/ Barangay)		(City/Municipality)		(Province)		Zip Code		Residence since (Year): ☐ Owned ☐ Rented ☐ Owned by relatives			
Mobile number:		Telephone Number:									
Mother's maiden name: (Last Name First Name Middle Name)				Father's name: (Last Name First Name Middle Name)							
Address:		Occupation:		Address:		Occupation:					
Contact number:		Coop member? ☐ Yes ☐ No		Contact Number:		Coop member? ☐ Yes ☐ No					
Emergency Contact: Name Address Relation Contact Number Coop Member? ☐ Yes ☐ No											

SPOUSE'S PERSONAL DATA

Last Name		First Name		Middle Name		Ext. (e.g. Jr., Sr.)	
Maiden Name							
Birthday (MM/DD/YY) 		Occupation:		Education level:		Coop member?	
Contact number:		Email address:				☐ Yes ☐ No	

1. I, whose specimen signature appears below, submits my intent to become a member of the Infanta Credit and Development Cooperative (ICDeC). I understand and willingly devote myself to the obligations of being a member. I also agree to subject myself to all implementing rules and regulations of the cooperative.

2. I likewise confirm that all information disclosed in this form is correct and complete. Any changes in the following information shall be communicated to the cooperative. I hereby authorized the cooperative to verify and investigate any and all information given by me which the coop may deem appropriate.

3. I hereby acknowledge and agree that Infanta Credit and Development Cooperative (ICDeC) collects, uses, stores, and processes my personal data in accordance with the Data Privacy Act of 2012 (Republic Act No. 10173) and its implementing rules and regulations.

4. I hereby acknowledge and authorize the Cooperative:

a.) The regular submission and disclosure of my Basic Credit Data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulation) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof;

b.) The sharing of my Basic Credit Data with other lenders authorized by the CIC and Credit Reporting Agencies duly accredited CIC.

**** Please provide three signature specimen****

1. _____

2. _____

3. _____

[MEMBERSHIP & INITIAL CAPITAL SUBSCRIPTION AGREEMENT]

Bilang patunay ay aking kusang loob na paglagda.

Lagda sa ibabaw ng pangalan	Petsa ng paglagda
--	--------------------------------

Aking nauunawaan at tinatanggap ang lahat ng mga pahayag sa unahan, sa katunayan nito ay aking inilagda ang aking pangalan.

Aking nauunawaan at sinasang-ayunan ang Tulungan Savings Program Policy at mga pahayag nito. Binibigyan ko ng karapatan ang ICDeC na bawasan ang aking Tulungan Fund batay sa halaga ng magiging ambag

<i>Lagda sa ibabaw ng pangalan</i>	<i>Petsa ng paglagda</i>
---	---------------------------------

Verified by:	Approved by:	Noted by: