



Attach ID Picture

RED RIBBON MULTI-PURPOSE COOPERATIVE
#84 E. RODRIGUEZ JR. AVE. LIBIS QUEZON CITY

Date: \_\_\_\_\_

APPLICATION FOR REGULAR MEMBERSHIP

I hereby apply for membership in the Red Ribbon Multi-Purpose Cooperative (RRCOOP) and agree to faithfully obey its rules and regulations as set forth in its by-laws and amendments thereof and the decision of the general assembly as well as those of the Board of Directors.

I'm authorizing the paymaster of Red Ribbon Bakeshop Inc. to deduct from my salary and remit to Red Ribbon Multi-purpose Cooperative the membership fee of P400.00 (one time payment) and subsequent deductions of P \_\_\_\_\_ per payday representing my initial share capital buildup of P \_\_\_\_\_

Membership Recommended by:

\_\_\_\_\_

SIGNATURE OVER PRINTED NAME

PERSONAL DATA:

Name: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Age \_\_\_\_\_ Contact No. \_\_\_\_\_
Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_
Gender: \_\_\_\_\_ Messenger: \_\_\_\_\_ Email Address: \_\_\_\_\_
School/Dept. \_\_\_\_\_ Occupation \_\_\_\_\_
Spouse Occupation: \_\_\_\_\_ Bank Name: \_\_\_\_\_
Account No. \_\_\_\_\_ TIN No. \_\_\_\_\_ SSS No. \_\_\_\_\_ Employee No. \_\_\_\_\_

Table with 3 columns: NAME OF BENEFICIARY, RELATIONSHIP, BIRTHDATE

REFERENCES: Give at least 2 reliable persons (not related to you) who are residents of Metro Manila who could vouch for your integrity and honesty

Table with 3 columns: NAME, ADDRESS, OCCUPATION

NOTE: As a member of RR COOP you are insured for a period of 1 year with the following coverage:
Natural Death : P10,000.00
Accidental Death : P20,000.00
Burial Benefit : P2,000.00

- ATTACHMENT:
1. Company ID – Photocopy
2. NMBAI Application Form
3. Health Declaration

NOTE: Paluwagan Savings (renewable every year) - P \_\_\_\_\_