



Attach ID Picture

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

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

APPLICATION FOR ASSOCIATE MEMBERSHIP (OP)

I hereby apply for associate 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 voluntarily paying my contributions thru online payment including the membership fee of P400.00 (one time payment) plus P\_\_\_\_\_every payday/month representing my share capital build up of P15,000.00.

SIGNATURE OVER PRINTED NAME OF APPLICANT

PERSONAL DATA

Name: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Age: \_\_\_\_\_
Address: \_\_\_\_\_ Birth date: \_\_\_\_\_
Gender: \_\_\_\_\_ Messenger: \_\_\_\_\_ Email Address: \_\_\_\_\_
School/Dept. \_\_\_\_\_ Occupation: \_\_\_\_\_
Spouse Occupation: \_\_\_\_\_ Bank Name: \_\_\_\_\_
Bank Account No. \_\_\_\_\_ TIN No. \_\_\_\_\_ SSS 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. 1 Government ID – Photocopy
2. NMBAI Application Form
3. Health Declaration

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