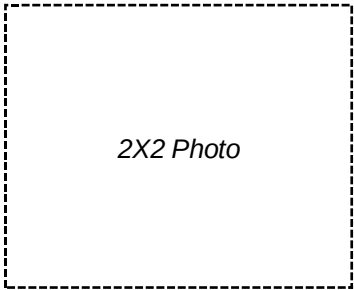




SUCC MULTIPURPOSE COOPERATIVE (SUCC)
Gate 7, SU Campus, North Road, Dumaguete City
Contact No.: (035) 522-0023



APPLICATION FOR MEMBERSHIP
(For Non-Stock Credit Unions)
Revised May 27, 2024

I hereby apply for membership in the SUCC MULTIPURPOSE COOPERATIVE (SUCC) and agree to faithfully obey its rules and regulations as set forth in its Articles of Cooperation & By-laws, and amendments thereof, and the decision of the general membership as well as those of Board of Directors.

I hereby pledge _____ pesos (Php _____) as my minimum monthly contribution for the share capital, savings deposit, social service and caring fund payable upon approval of membership application and further pledge to endeavor to make regular savings deposits. It is understood that the share capital shall not be withdrawn during my membership.

PERSONAL DATA:

Name: _____
Surname, First Name, Middle Name

Date of Birth: _____ Age: _____

Gender: _____ Civil Status: _____ Blood Type: _____

Church Affiliation: _____ Birth Place: _____

Highest Educational Attainment: _____

Present Address: _____

Mobile Number: _____

Email Address: _____

TIN Number: _____

SSS/GSIS Number: _____

Company Name: _____

Department: _____

Position: _____

Work Address: _____

Date Employed: _____

Monthly Salary: _____

Other Source of Income/ Business (if any): _____

Membership Category: Full time employee of: ☐ SU ☐ SUMCFI ☐ SUCC Spouse of: ☐ SU Employee ☐ SUMCFI Employee ☐ SUCC Employee ☐ Earning Child ☐ Alumni ☐ Others _____	<i>SPECIMEN SIGNATURE (1)</i> <i>SPECIMEN SIGNATURE (2)</i>
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Mother’s Maiden Name: _____

Spouse Name (If any): _____

Date of Birth (Spouse): _____

Spouse Income: _____

Referred by: _____

NAMES OF DEPENDENTS/ BENEFICIARIES	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

I hereby certify & pledge that all data are true and correct and that the signatures appearing herein are genuine.

Signature: _____

DATA REQUIRED BY CDA: (To be filled up by SUCC)

Date: Accepted: _____	BOD Resolution Number: _____
Type/Kind of Membership: _____	Initial Capital Subscription: _____
Number of Share Capital: _____	Amount of Share Capital: _____
Initial Paid-Up: _____	Contact Number: _____

Date: _____

The application of _____ for membership was approved/ disapproved by the Board of Directors in its meeting held on _____, at _____.

Board Secretary