



AUF COOP

Angeles University Foundation Multi-Purpose Cooperative

1395 M. Ponce St. C.M. Recto, Angeles City

MF-001

APPLICATION FOR MEMBERSHIP

The Board of Directors
AUF Multi-Purpose Cooperative

Sir/Madam:

I, Mr./Ms. _____, hereby
apply for membership to the AUF Multi-Purpose Cooperative under the following
classification:

- ☐ Regular Full-Time Employee of AUF, AUFMC and their affiliates
☐ Probationary Full-Time Employee of AUF, AUFMC and their affiliates
☐ Part-Time Employee of AUF, AUFMC and their affiliates
Institution: _____
Office/Unit: _____
☐ Special Hires/Contractual employees of AUF, AUFMC and their affiliates
☐ Former Member of the AUF COOP in good standing
Reason for Withdrawal: _____
☐ Regular Full-Time Employee of duly accredited institutions
Institution: _____
Office/Unit: _____

I hereby **agree** and **understand** that my application for membership is
subject to the approval of the Board of Directors and the following conditions:

1. Pledge to undertake the responsibilities of a member;
2. Complete the prescribed pre-membership cooperative education program;
3. Use or anticipate to use the services of the AUF COOP;
4. Not a member of any existing cooperative of similar type within the area of operation;
5. Pay a membership fee of Two Hundred Fifty Pesos (P250.00) for Class A to D and Five Hundred Pesos (P500.00) for Class E & F, which shall be refundable in case of disapproval of application for membership;
6. Subscribe for a minimum of fifty (50) share capital at One Hundred Pesos (P100.00) par value per share with a total value of Five Thousand Pesos (P5,000.00); and
7. Comply with all the obligations, duties and undertakings of membership.

(Date Filed)

(Signature of Applicant)

ENDORSED BY:

(1) _____
(Unit Representative) (Date)

(2) _____
(Dean/Head Concerned) (Date)

RECOMMENDING APPROVAL:

APPROVED BY:

(3) _____
(Director-In-Charge, ETC) (Date)

(4) _____
(Chairperson, Board of Directors) (Date)

EMAIL Address: _____

Cellphone Number: _____

SSS Number: _____

TIN Number: _____

PHILHEALTH
Number: _____

EMPLOYEE
Number: _____

Share Capital: P _____

Savings: P _____

Terms:

☐ Monthly

☐ Semi-monthly

Membership Fee Pls. Check:

☐ Salary Deduction

☐ Cash

Form Received by: _____

AUF COOP Staff

Recruited by: _____

Policy Manual Received by: _____



AUFCOOP

Angeles University Foundation Multi-Purpose Cooperative

1395 M. Ponce St. C.M. Recto, Angeles City

MEMBERSHIP AGREEMENT

The Board of Directors
AUF Multi-Purpose Cooperative

Sir/Madam:

I, Mr./Ms. _____, after having been completed the prescribed pre-membership education program/course for new members, and careful study of the policies on memberships as stipulated in AUFCOOP’s Policy Manual, hereby *agree to comply* with the duties of a member as follows:

- 1. Pay regularly the installment on share capital subscription and participate in the continuous capital build up of the AUFCOOP;
- 2. Patronize the business of the AUFCOOP at all times;
- 3. Pay amortization of loans and other accounts as scheduled;
- 4. Adopt AUFCOOP’s improved service techniques and practices;
- 5. Participate in its parliamentary affairs;
- 6. Attend the regular or special memberships meeting;
- 7. Obey the rules and regulations provided by R.A. 9520, the By-Laws, the decision of the General Assembly and the Board of Directors, and the policies and decisions that may be promulgated by the Cooperative Development Authority (CDA); and
- 8. Promote the vision, mission and goals of the AUFCOOP, its aims and purposes, the success of its business, the welfare of its members, and the cooperative movement as a whole.

DORMANCY ON SAVINGS:

A savings account that is inactive for a period of at least twelve (12) months is considered dormant. Dormant savings account is subject to service fee of One Hundred (P100.00) per annum.

DORMANCY ON SHARE CAPITAL:

Share Capital that is inactive for a period of at least three (3) months is considered dormant and is subject to a fine of One Hundred Pesos (P100.00) per month.

DORMANCY ON LOANS:

A decrease of Two Percent (2%) on interest on Share Capital for members who have not patronized any of the Loans and Financing Services of the AUFCOOP.

I hereby *agree* and *abide* by the contents of this agreement and I am aware that any violation of the above stipulation will authorize the Board of Directors to impose whatever sanction deemed appropriate.

In witness hereof, I have hereunto affixed my signature this _____ day of _____, 20____.

(Date)

(Signature of Member)

W I T N E S S:

(General Manager, AUFCOOP)

(Director-In-Charge, ETC)



AUF COOP
Angeles University Foundation Multi-Purpose Cooperative
1395 M. Ponce St. C.M. Recto, Angeles City

SHARE CAPITAL SUBSCRIPTION AGREEMENT

The Board of Directors
AUF Multi-Purpose Cooperative

Sir/Madam:

I, Mr./Ms. _____, after having completed the prescribed pre-membership education program/course for new members, and careful study of the policies on member’s share capital as stipulated in AUF COOP’s Policy Manual, hereby **agree to comply** with the following:

- 1. To pay at least One Thousand Five Hundred Pesos (P1,500.00) corresponding to fifteen (15) shares at One Hundred Pesos (P100.00) par value per share shall be paid within ninety (90) days upon approval of membership;
- 2. To subscribe for a minimum of fifty (50) shares at One Hundred Pesos (P100.00) par value per share with a total value of Five Thousand Pesos (P5,000.00);
- 3. To participate in the continuous capital build-up of the AUF COOP up to a maximum of three thousand (3,000) shares with a total value of Three Hundred Thousand Pesos (P300,000.00);
 - a. Regular share capital of at least Five Hundred Pesos (P500.00) per month;
 - b. Retention of at least one half (1/2) of one (1) percent but not less than One Hundred Pesos (P100.00) from the total amount of regular or special loan granted; and
 - c. Retention of at least Ten Percent (10%) of his annual interest on share capital and patronage refund.
- 4. To participate in the capital build-up of the AUF COOP to finance other services needed by the members and the community; and
- 5. To comply with the policy that share capital are non-withdrawable, but are transferable by way of purchase, to the AUF COOP or to any person eligible for membership, only upon withdrawal of membership.

I hereby **agree** and **abide** by the contents of this agreement and I am aware that any violation of the above stipulation will authorize the Board of Directors to impose whatever sanction deemed appropriate.

In witness hereof, I have hereunto affixed my signature this _____ day of _____, 20____.

(Date)

(General Manager, AUF COOP)

WITNESSES:

(Signature of Member)

(Treasurer)

1395 M. Ponce St. C.M. Recto, Angeles City

 (Unit Representative)

 (General Manager, AUFCOOP)



AUF**COOP**

Angeles University Foundation Multi-Purpose Cooperative
1395 M. Ponce St. C.M. Recto, Angeles City

ACCOUNT OPENING FORM: SAVINGS DEPOSIT		Photo
NAME	ACCOUNT NO.	

ADDRESS/ZIP CODE

NATIONALITY	COLLEGE/DEPT.	TELEPHONE NO.
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CIVIL STATUS	SEX	DATE OF BIRTH
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NAME OF SPOUSE	PLACE OF BIRTH
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NAME OF GUARDIAN/TURSTEE, IF MINOR

ADDRESS OF GUARDIAN/TRUSTEE

THE AUFLOOP WILL RECOGNIZE THE FOLLOWING SIGNATURE(S) IN THE PAYMENT OF FUNDS OR TRANSACTION OF OTHER BUSINESS ON MY/OUR ACCOUNT WITH THIS REQUIREMENT.

() ANY ONE

() ANY TWO

() ALL MUST APPEAR

1. _____

2. _____

3. _____

1. _____

2. _____

3. _____

1. _____

2. _____

3. _____

(EACH SIGNATURE MUST HAVE 3 SPECIMENS)

SIGNATURE TAKEN & AUTHENTICATED BY	APPROVED BY	DATE
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DEPOSITOR’S SIGNATURE(S) OVER PRINTED NAME(S)

FOR UPDATING SPECIMEN SIGNATURE: (signature over printed name)

() ANY ONE

() ANY TWO

() ALL MUST APPEAR

1. _____

2. _____

3. _____

1. _____

2. _____

3. _____

1. _____

2. _____

3. _____

(EACH SIGNATURE MUST HAVE 3 SPECIMENS)

SIGNATURE TAKEN & AUTHENTICATED BY	APPROVED BY	DATE
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