



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

**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/organization
- 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) \_\_\_\_\_  
(Chairman, ETC) (Date)

(4) \_\_\_\_\_  
(Chairman, Board of Directors) (Date)

SSS Number: \_\_\_\_\_

TIN Number: \_\_\_\_\_

PHILHEALTH  
Number: \_\_\_\_\_

EMPLOYEE  
Number: \_\_\_\_\_

Share Capital: P \_\_\_\_\_

Savings: P \_\_\_\_\_

Terms:  
☐ Monthly  
☐ Semi-monthly

Membership Fee Pls. Check:

Form Received by:  

AUF COOP Staff

Recruited by: \_\_\_\_\_

Policy Manual Received by: \_\_\_\_\_



**AUF COOP**  
**Angeles University Foundation Multi-Purpose Cooperative**  
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**MEMBERSHIP 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 memberships as stipulated in AUF COOP’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 AUF COOP;
- 2. Patronize the business of the AUF COOP at all times;
- 3. Pay amortization of loans and other accounts as scheduled;
- 4. Adopt AUF COOP’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 AUF COOP, 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 PAYMENT OF LOANS:**

Outstanding loan balance of a Class E member whose account is dormant for a period of six (6) months be deducted from his/her Share Capital.

**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 AUF COOP.

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)

\_\_\_\_\_  
(Manager, AUF COOP)

**WITNESS:**

\_\_\_\_\_  
(Signature of Member)

\_\_\_\_\_  
(Chairman, ETC)



**AUF COOP**  
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**SHARE CAPITAL SUBSCRIPTION 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 member’s share capital as stipulated in AUF COOP’s Policy Manual, hereby **agree to comply** with the following:

- 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);
- To pay at least thirty (30) percent of the subscribed share capital or equivalent to fifteen (15) shares with a total value of One Thousand Five Hundred Pesos (P1,500.00) within six (6) months from date of membership as follows:

• 1 <sup>st</sup> Month	-	_____	=	P250.00
• 2 <sup>nd</sup> Month	-	_____	=	250.00
• 3 <sup>rd</sup> Month	-	_____	=	250.00
• 4 <sup>th</sup> Month	-	_____	=	250.00
• 5 <sup>th</sup> Month	-	_____	=	250.00
• 6 <sup>th</sup> Month	-	_____	=	250.00
- To pay the remaining seventy (70) percent of the minimum subscribed share capital or equivalent to thirty (35) shares with a total value of Three Thousand Five Hundred Pesos (P3,500.00) within eighteen (18) months from the date of my 6<sup>th</sup> payment as follows:

• 1 <sup>st</sup> Month	-	_____	=	P200.00
• 2 <sup>nd</sup> Month	-	_____	=	200.00
• 3 <sup>rd</sup> Month	-	_____	=	200.00
• 4 <sup>th</sup> Month	-	_____	=	200.00
• 5 <sup>th</sup> Month	-	_____	=	200.00
• 6 <sup>th</sup> Month	-	_____	=	200.00
• 7 <sup>th</sup> Month	-	_____	=	200.00
• 8 <sup>th</sup> Month	-	_____	=	200.00
• 9 <sup>th</sup> Month	-	_____	=	200.00
• 10 <sup>th</sup> Month	-	_____	=	200.00
• 11 <sup>th</sup> Month	-	_____	=	200.00
• 12 <sup>th</sup> Month	-	_____	=	200.00
• 13 <sup>th</sup> Month	-	_____	=	200.00
• 14 <sup>th</sup> Month	-	_____	=	200.00
• 15 <sup>th</sup> Month	-	_____	=	200.00
• 16 <sup>th</sup> Month	-	_____	=	200.00
• 17 <sup>th</sup> Month	-	_____	=	200.00
• 18 <sup>th</sup> Month	-	_____	=	100.00
- To participate in the continuous capital build up of the AUF COOP by subscribing up to a maximum of three thousand (3,000) shares with a total value of Three Hundred Thousand Pesos (P300,000.00) for Class A to E and a maximum of Five Hundred (500) shares with a total value of Fifty Thousand (P50, 000.00) for Class F;
- To participate in the capital formation of the AUF COOP to finance other services needed by the members and the community; and
- 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)

\_\_\_\_\_  
(Signature of Member)

**WITNESS:**

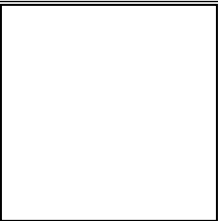
\_\_\_\_\_  
(General Manager, AUF COOP)

\_\_\_\_\_  
(Treasurer)



**AUFCOOP**  
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**APPLICANT’S INFORMATION SHEET**



**D. PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
*(Last) (First) (Middle)*

Name and Address of Institution where connected: \_\_\_\_\_

College/Unit/Office: \_\_\_\_\_ Phone No. \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Provincial Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ / \_\_\_\_\_

Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_

Civil Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Religion: \_\_\_\_\_

Name of Immediate Dependents *(for married applicant)*:  
*N a m e* *Date of Birth*

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. EDUCATIONAL BACKGROUND:**

	<u>Course/Degree</u>	<u>Name of Institution</u>	<u>Year Obtained</u>
Elementary :	_____	_____	_____
High School :	_____	_____	_____
College :	_____	_____	_____
Master’s Deg. :	_____	_____	_____
Doctoral Deg. :	_____	_____	_____

**D. EMPLOYMENT RECORD:**

*(For the last ten (10) years starting from the most recent)*

<u>Name of Institution</u>	<u>Address</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D. PRESENT EMPLOYMENT STATUS:**

[ ] Full-Time Regular [ ] Part-Time [ ] Visiting Lecturer

[ ] Full-Time Probationary [ ] Contractual [ ] Others: \_\_\_\_\_

[ ] Position: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

**CERTIFICATION**

*I hereby certify that the above information are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

**WITNESS:**

\_\_\_\_\_  
(Unit Representative)

\_\_\_\_\_  
(Manager, AUFCOOP)



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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 AUF COOP 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
------------------------------------	-------------	------

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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**REFERRAL SLIP**

**Name:** \_\_\_\_\_

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

Service(s) Availd		Name of Person who Referred you to AUF COOP
<input type="checkbox"/> Van Rental	Date: _____	_____
<input type="checkbox"/> Dorm Rental	Semester/Year: _____	_____
<input type="checkbox"/> COOP Membership	Date: _____	_____

\_\_\_\_\_  
Signature



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**REFERRAL SLIP**

**Name:** \_\_\_\_\_

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

Service(s) Availd		Name of Person who Referred you to AUF COOP
<input type="checkbox"/> Van Rental	Date: _____	_____
<input type="checkbox"/> Dorm Rental	Semester/Year: _____	_____
<input type="checkbox"/> COOP Membership	Date: _____	_____

\_\_\_\_\_  
Signature