



CEBU CFI COMMUNITY COOPERATIVE

Esperanza Fiel Garcia Bldg. Capitol Compound, Capitol, Cebu City, Philippines 6000

Tel. No. 255-25-25

Facebook Page : <https://www.facebook.com/CFICoopOfficialPage/>

Webpage: www.cficoop.com

2X2 PICTURE

PHOTO

APPLICATION FOR MEMBERSHIP

I have the honor to apply as member of the **CEBU CFI COMMUNITY COOPERATIVE**; I agree to faithfully obey the articles of the cooperation, By-Laws and such rules and regulations that may be promulgated for the general membership by the Board of Directors.

I agree to make the minimum share capital as required in the By-Laws.

In case I withdraw my membership the amount of Php 1,000.00 shall be deducted as withdrawal fee.

I also understand that withdrawal of membership shall be approved by the Board of Directors before my share capital will be released.

Applicant

Date of Seminar: _____

Lecturer: _____

(Signature Over Printed Name)

NOTE: PLEASE PRINT LEGIBLY. DO NOT LEAVE ANY BLANK SPACE. If field not applicable, please write "N.A." or "NONE".

PERSONAL INFORMATION

Name : _____

Last Name

First Name

Middle Name

Suffix

Gender: _____ Civil Status: _____ Date of Birth: (mm/dd/yy): _____ Cellphone No.: _____

Religion: _____ Profession: _____

Mother's Complete Maiden Name: _____

Email Address: _____ Current Social Media Account: _____

TIN Number: _____ SSS No.: _____ Valid ID Number: _____

Postal Address: _____

Permanent Home Address: _____

Landline No. _____ Bank Name: _____ Bank Account Number: _____

Employer/Association/Cooperative Name: _____ Position: _____

Employer/Association/Cooperative Address: _____ Other Source of Income: _____

Name of Spouse: _____ Date Of Birth: (mm/dd/yy) _____

Last Name

First Name

Middle Name

Suffix

Source of Income of Spouse: _____ Spouse Contact Number: _____

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

Documents Required: (any of the following)

- 1) Any Government Issued Valid Identification Card
- 2) Photocopy of Birth Certificate (NSO or Live Birth)
- 3) Passport
- 4) Photocopy of Baptismal Certificate
- 5) Brgy. Clearance or Certification

Documents Required for Postal Address: (any of the following)

- 1.) Latest Proof of Billing Statement
- 2.) Valid Identification Card (with address indicated)

Documents to Attached

Photocopy of Initial Share Capital receipt

Approved by:

(Residence Sketch at the back)

AUTHORIZED SIGNATORY

SPECIMEN SIGNATURE	
1)	_____
2)	_____
3)	_____