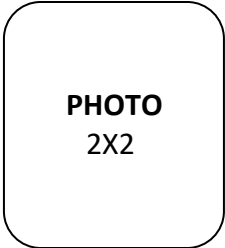




**DEPARTMENT OF JUSTICE
EMPLOYEES' MULTI-PURPOSE COOPERATIVE**

DOJ Building, Padre Faura St., Ermita, Manila
 (02) 7617-7068 * 0917-1378030*0927-6144820
 Email Address: osjempc1989@gmail.com



APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the **DEPARTMENT OF JUSTICE EMPLOYEES' MULTI-PURPOSE COOPERATIVE (DOJ-COOP)** and its **MUTUAL AID BENEFIT FUND (MABF)**. I agree to obey faithfully its rules and regulations as set down in its **Articles of Cooperation and By-Laws**, and the decisions of the General Assembly membership meetings and those of the Board of Directors.

I hereby pledge to:

1. Pay the **MABF** membership of **P 50.00** and Initial contribution of **P 50.00**. And contribute **P 50.00** for **MABF** dues to be deducted from my monthly salary. **(MABF is not applicable to applicants 56 years old and above)**.
2. Pay additional **P 25.00** Initial contribution to the **MABF** for **EACH** of my surviving parents. **(For Married Members Only)** and contribute additional monthly dues of **P 25.00** for **EACH** of my surviving parent to be deducted from my monthly salary.
3. Comply with the **MEMBERSHIP AND SUBSCRIPTION AGREEMENT**. **(AT THE BACK)**

PERSONAL DATA: **NOTE: Please attach certified true copy of your appointment paper.**

Name: _____

Present Home Address: _____

Telephone No./ Cell Phone No. : _____ Gender : _____

Date of Birth: _____ Civil Status: _____

Official Station: _____ Position: _____

Office Address: _____

Telephone No.: _____ Email Address : _____

Name of Spouse: _____ Occupation: _____

Name of Parents: **(SURVIVING PARENTS ONLY)** **Date of Birth**

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |

Name of Dependent Child/Children: **(MINORS ONLY)** **Date of Birth**

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Name of Beneficiary/ies in case the abovementioned qualified dependents are no longer available/qualified:

1. _____
2. _____

I hereby certify that I personally accomplished this application form in good faith and verified to the best of my knowledge and belief that the above information is a true, correct and complete.

_____ _____
Date **Signature over Printed Name**

Approved/Disapproved: _____

This application for membership was **approved/disapproved** by the Board of Directors in its meeting held on _____, 20____.

Membership No. _____ _____
Secretary

MEMBERSHIP AND SUBSCRIPTION AGREEMENT

_____ Date

The Board of Directors

DOJ Employees' Multi-Purpose Cooperative

Gentlemen:

I _____, a resident of _____ hereby pledge to be a member of Department of Justice Employees' Multi-Purpose Cooperative (DOJ-COOP).

In connection with such membership, I hereby agree to the following terms and conditions:

1. I will comply with the provisions of the Articles of Cooperation and By-Laws, general and operating policies the Board of Directors and, the General Assembly, as well as acts of duly constituted authorities; to attend all meetings, conferences, seminars and other activities as required by the Board, and failure on my part to do so, unless previously excused by the Board, the Cooperative has its options, to:

- a. Fine;
- b. Suspend; or
- c. Expel me from membership, whereupon all my shareholdings in shall be answerable for any liabilities to the Cooperative .

2. I will participate in the planned thrift and savings program by:

- a. Subscribing for at least _____ shares valued at _____ (P _____) and paying for them by contributing to its share capital monthly of _____(P _____);
- b. Contributing at least 2% of every loan granted me;
- c. To pay the membership Fee of **P 200.00;**
- d. To deduct the amount of _____ (P _____) as my Savings Deposit (**OPTIONAL**)
- e. To comply with the directives of duly constituted authorities as well as the decisions of the Board regarding the operating policies of the DOJ-COOP.

The provisions of this agreement, the articles of cooperation and by laws have been explained to me and understand them and agree to abide with all of them.

In all of the above undertakings, I am aware that the Board of Directors and the DOJ-COOP may impose sanctions against me or perform any acts necessary to make the sanction(s) effective without going to court.

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

Signature of Applicant over Printed Name