



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

DOJ Building, Padre Faura St., Ermita, Manila

☎ (02) 7617-7068 \* 0927-6144820 \* 0917-1378030

Email: osjempc1989@gmail.com

**APPLICATION FOR LIFETIME MEMBERSHIP**

I hereby apply for **Lifetime Membership** in the DOJ-COOP's **Mutual Aid Benefit Fund (MABF)**. I agree to obey faithfully its policy guidelines as set down by the Board of Directors and pay the non-refundable membership fee of **Five Thousand Pesos (P 5,000.00)**.

For your consideration, hereunder is my accomplished information sheet.

\_\_\_\_\_  
**Signature over Printed Name**

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

**PERSONAL DATA:**

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

Present Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Civil Status: \_\_\_\_\_

Official Station: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell Phone No. : \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Cell Phone No. : \_\_\_\_\_

**Name of Designated Beneficiary/ies & Relationship:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Approved/Disapproved:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application for Lifetime Membership was approved/disapproved by the Board of Directors in its meeting held on \_\_\_\_\_, 20\_\_\_\_.

**Date of Membership:** \_\_\_\_\_

**Membership No.** \_\_\_\_\_

**Lifetime Membership No.** \_\_\_\_\_

\_\_\_\_\_  
**Secretary**