



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

7<sup>th</sup> Floor, Unit 10 Vista GL Taft Residences

1344 Taft Avenue, 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)**.  
Subject to the following conditions:

1. He/She must have been a member in good standing for at least ten (10) years;
2. He/She must have fully paid all his/her outstanding obligations with the DOJ-COOP;
3. He/She must file the application for lifetime membership within ninety (90) calendar days from the date of his/her retirement/transfer/resignation from the Department of Justice;
4. He/She must pay a non-refundable lifetime membership fee of Five Thousand Pesos (P5,000.00).
5. The lifetime member is no longer entitled to claim benefits in case of death of his/her parents, spouse, dependents and designated beneficiary/ies.

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**