

\cup	New
	Re-activate
	Undate

MEMBERSHIP APPLICATION FORM

Last Name	First Name		Middle Name		
NAME					
Present Address					
Owned		ed/Boarder	Living with Parents/Relatives		
Permanent Address					
Mobile Number Home Phone Number					
Birthdate	Ge	nder Male	Female		
Marital Status Single Married Educational Attainment College Vocational					
Widowed Separated					
Government Details (for Associ	ciate Members only):				
SSS #P	hilhealth #	Pag Ibig #	Tin #		
Mother's Maiden Name: Email Address:					
IN CASE OF EMERGENCY:					
Name:	Contact Number:		Address:		
		D-UP PLEDGE			
Board of Directors, I hereby subscribe initially to Global Trustees' Multi-Purpose Cooperative for shares with par value of P50.00 (P50.00) per share and to pay the amount of P equivalent to shares as my initial paid-up capital. My contribution per payday for capital build-up is: P100.00 (amount of choice) This serves as an authorization for salary deduction for capital contribution and any future loan amortization to Global Trustees' Multi-Purpose Cooperative hereafter.					
Signature over Printed Name		Date			
BENEFICIARIES					
Full Name (Last,First,Middle 12	· 		Relationship to Member		
I hereby certify that all information provided above are true and correct.					
Signature over P	rinted Name	Date Signed			
Please do not fill up. For GTMC Use only.					
This application for membership was approved by the Board of Directors in its last meeting on					
Membership Number Authentication of Secretary			retary		