

PHILIPPINE STATISTICS AUTHORITY MULTI-PURPOSE
COOPERATIVE (PSAMPC)

CDA Amended Reg. No. 9520-16000129-4



MEMBERSHIP APPLICATION FORM

Date

I hereby apply for membership in the **PHILIPPINE STATISTICS AUTHORITY MULTI-PURPOSE COOPERATIVE (PSAMPC)** and agree to faithfully obey the rules and regulations as set down in its Articles and By-Laws approved decisions of the general membership meeting as well as those of the Board of Directors.

I hereby pledge to participate in the continuous capital build-up and authorize PSAMPC to deduct the amount of P_____ from my salary every __15th or __30th of the month.

PERSONAL DATA: (please write legibly)

Name of Applicant :

(PRINT) (Surname) (First Name) (Middle Name) (Extension)

Civil Status : ____ Date of Birth : ____ Age:____ Sex :

PSA Employee No. : _____ Contact No. : _____

Highest Educational Attainment : _____ LBP Account Number: _____

Complete Address : _____
(Street) (Barangay)

City/Municipality (Province)

Place of Assignment : _____

BENEFICIARY/IES

This is to authorize anyone in the list below to receive any amount due me in case of my death.

	Name and Address (PRINT)	Relationship	Date of Birth
1	Name :		
	Address: Tel :		
2	Name :		
	Address: Tel :		

Signature of Applicant

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

PSAMPC Membership No. _____

Secretary

