



BSU AND COMMUNITY MULTIPURPOSE COOPERATIVE (BSUCMPC)
 CDA Reg. No.: 9520-15000523 / CIN # 0103150134
 BSU Compound, Balili Road La Trinidad, Benguet
 Telephone no.: (074) 422-1504 / Telefax: (074) 422-1846
 www.bengsumpc.com

1x1 ID
Picture

MEMBER'S INFORMATION SHEET

I. Name: _____ Sex: _____

Current Residence: _____

Provincial Address: _____

Cellphone Number: _____ Tel. No.: _____

Home Ownership: _____ owned; _____ renting; house owner: _____
 _____ staying with parents/ relatives; _____ others _____

Place of Birth: _____ Date of Birth: _____ Age: _____

Civil Status: _____ Single _____ Married _____ Widow/er _____ Separated

_____ Single Parent _____ Others: _____

_____ Senior Citizen _____ Person with Disability (PWD)

Educational Attainment: _____ Degree/Course: _____

Occupation: _____ Nature of Work/ Business: _____

Employer's/Business Name: _____

Employer's/ Business Address: _____

Employer's/ Business Contact Number: _____

Name of Spouse: _____ Date of Birth: _____

Occupation: _____ Nature of Work/ Business: _____

In case of emergency, name of person to contact: _____

Complete Address: _____

Contact Number: _____

2. TIN Number: _____

Name of Valid ID: _____ ID Number: _____

3. Training(s)/ Seminar _____ Sponsor(s) _____ Inclusive Date(s) _____

4. Reasons for joining the BSUCMPC

5. Are you a member of other cooperatives? () YES () NO

If yes, please state the name of the cooperative _____

CERTIFICATION

I hereby certify that the above information are true and correct to the best of my knowledge, signed this _____ day of _____ 20____ at _____.

Signature over Printed Name



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Conduct and Ethical Responsibilities of BSUCMPC Members

The success and longevity of the BSUCMPC depends to a great extent on the support and compliance of a member's obligation and responsibilities. Hence, I will strive to consciously adhere to:

1. Promote the vision, mission and core values of the BSUCMPC.
2. Commit to abide by the cooperative by-laws, policies, rules and regulations and practice cooperative values and principles at all times.
3. Know and exercise my rights and obligations as member of BSUCMPC.
4. Value & practice honesty, loyalty, politeness, professionalism, respect, courtesy, humility and kindness in all my dealings with BSUCMPC's employees, officers, members & with the people in my community.
5. Exercise self-restraint, consideration, understanding, & patience when altercations, conflicts or problems with BSUCMPC's employees and officers occur and when I experience temporary inconvenience in their delivery of customer service due to voluminous transactions or owing to circumstances beyond the control of the cooperative.
6. Take pride as member of the BSUCMPC and as such, I undertake to always promote its interest every chance I get by encouraging new members, new/additional loans & deposits or new/additional business for the cooperative to ensure its growth and financial viability.
7. Project a positive image of the cooperative in my actions inside and outside the offices of the cooperative.
8. Use the cooperative facilities & equipment/ furniture & fixture with utmost care.
9. Patronize BSUCMPC's products & services & maintain a good credit record.
10. Attend and actively participate in BSUCMPC's annual/special general assembly and its other major activities or programs.

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COMPLIANCE COMMITMENT CERTIFICATE

I _____, after having received, read and understood the Code of Conduct & Ethical Responsibilities for members of the BSUCMPC, hereby commit to FULLY abide by its provisions & undertake to immediately report any violation thereof. I understand that any violation on my part of the provisions of the Code and related policies of the BSUCMPC may be subject to appropriate sanction/penalty as may be determined by the Board upon exercise of due process of law.

(Signature Over Printed Name)

(Date)


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MEMBERSHIP AND SUBSCRIPTION AGREEMENT

 Date

 THE BOARD OF DIRECTORS
 BSUCMPC
 La Trinidad, Benguet

Ladies and Gentlemen:

I, _____, a resident of _____
 Hereby agree to be a member of the BSU and Community Multipurpose Cooperative. I have attended the prescribed training course for perspective members and I understand the purpose and objectives of this cooperative.

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

1. To comply with the provisions and articles of cooperation, by the by-laws and policies set by the Board of Directors, the General Assembly as well as act on duly constituted authorities, and failure on my part to do so, the BSUCMPC at its option may:
 - a. Fine
 - b. Suspend, or
 - c. Expel me from membership whereupon all my share holdings shall be answerable for my liabilities to BSUCMPC;
2. Attend all meetings, conferences and seminars as required by the BOD and failure on my part to do so unless previously excused by the BOD to suspend my rights and privileges;
3. To participate in the capital build-up and savings mobilization program of the cooperative by:
 - a. Subscribing at least 20 shares amounting to PHP 20,000.00 payable in 5 years
 - b. Paying the amount of PHP 5,000.00 as initial share capital, equivalent to 5 shares upon membership; PHP 100.00 membership fee; PHP 200.00 passbook fee and ID; PHP 500 Mutual Assistance; and PHP 1,000.00 Health Assistance.
 - c. Flow back at least 50% of my dividend and patronage refund due to me
 - d. Continuously add to my share capital and savings deposit
4. To comply with the directives of duly constituted authorities as well as decision of the BOD regarding the operating policies of BSUCMPC.

The provisions of this agreement, Articles of Cooperation and By-laws have been provided and explained to me. I understood them and agree to abide with them.

In all of the above undertakings, I am aware that the BSUCMPC may impose sanctions against me or perform any act necessary to make the sanctions effective without going to court.

IN WITNESS HEREOF, I have affixed my signature / right thumb mark this _____ day of _____ 20____ at _____.

 Signature over Printed Name



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MUTUAL ASSISTANCE AND HEALTH ASSISTANCE

Name: _____

Residence: _____

Date of Birth: _____ Age _____

Name of Beneficiaries

A. Primary Beneficiary: _____

Address: _____ Contact No.: _____

Date of Birth: _____ Relationship: _____

B. Secondary Beneficiary: _____

Address: _____ Contact No.: _____

Date of Birth: _____ Relationship: _____

FEATURES OF THE MUTUAL AID BENEFIT and HEALTH ASSISTANCE

A cooperative is pooling resources to serve fellow men; same as coming to another's aid in moment of great need and crisis. Such is the concept of BSUCMPC Mutual and Health Assistance.

OBJECTIVES:

- To provide mortuary aid to the family of deceased members.
- To deposit and save fund for hospitalization expenses.
- To strengthen membership concern and support to each other in times of crisis.

TYPE:

- Death Aid – financial assistance depends on the number of members.
- Health Fund – financial assistance to regular members only once in 5 years of availment.

CONTRIBUTIONS:

- Subscription fee for Mutual Assistance is Php 500.00 upon application and membership fee to the Health Assistance is Php 1,000.00; certain amount will be deducted upon death and illness of a member. Once the fund is exhausted or depleted, members will be notified for replenishment.
- The Mutual and Health Assistance applies to regular members only.

REQUIREMENTS AND PROCEDURES IN CLAIMING MUTUAL ASSISTANCE

- Death Certificate
- Proceeds of the benefit shall be given only to the legal claimants in the membership form declared by the member.
- The Death Assistance has to be claimed within one year after death of the member, otherwise it is forfeited.
- Has completed the required share capital of PHP 20,000.00 within 5 years and at least 13 months of membership.
- Must not be delinquent on loan payments and not a co-maker-guarantor to a delinquent account.

REQUIREMENTS AND PROCEDURES IN CLAIMING HEALTH ASSISTANCE

- Health assistance shall be given only to regular members and not applied to beneficiaries.
- Clinical Face Sheet/ Patient Record from the Administration or Record's Section from the hospital
- Seventy-two (72) hours hospitalization, to claim within 30 days only after hospitalization and no authorization
- Has completed the required share capital of PHP 20,000.00 within 5 years and at least 13 months of membership.
- Must not be delinquent on loan payments and not a co-maker to delinquent loan account.

CERTIFICATION

I hereby certify that the above information is true and correct to the best of my knowledge and will abide to the requirements, policies and procedures in claiming of the said benefit/ assistance.

Signed this _____ day of _____ 20____ at _____.

Signature over Printed Name