



# SOEMCO

## Socorro Empowered People's Cooperative

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SOEMCOofficialpage CDA Reg. No. : 9520-13001544  
Head Office: A. lasala St., Brgy. Navarro, Socorro, Surigao del Norte

*"Care Within Your Reach"*



Affiliations:



NATCCO NETWORK



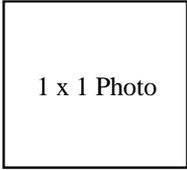
MASS-SPECC



### MEMBERSHIP APPLICATION FORM

Date: \_\_\_\_\_

The Board of Directors  
Socorro Empowered People's Cooperative  
Socorro, Surigao del Norte



Sirs/Mesdames,

I, \_\_\_\_\_, a resident of \_\_\_\_\_, Philippines, hereby apply for membership in **Socorro Empowered Peoples Cooperative**. I agree with the purposes and objectives of the Cooperative.

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

- To attend and complete the Pre-Membership Education Seminar (PMES)
- To pay the membership fee of TWO HUNDRED PESOS (P200.00) and initial paid up share capital of at least Five Hundred Pesos (Php500.00) and to increase my share capital by paying at least \_\_\_\_\_Pesos (Php \_\_\_\_\_) in lump sum or in regular installments; if on installments: pay at least THREE HUNDRED PESOS (P300.00).
- To participate in the planned thrift and savings program by depositing at least ONE HUNDRED PESOS (Php100.00) as my initial savings deposit and continuously save to the coop.
- To attend all meetings, conferences or seminars required of me by the Board or by the Management.
- To comply with the provisions of the Articles of Cooperation, the By-Laws, and policies set by the Board or by the Representative Assembly as well as acts of duly constituted authorities, and failure on my part to do so, SOEMCO at its option may demand for fine/s, suspend or expel me from membership whereupon all my shareholdings in shall answerable for my liabilities to the cooperative;

I understand and agree to abide with all of the above undertaking. I am aware that the Cooperative thru the Board of Directors may impose sanctions on me for failure on my part to do so.

**IN WITNESS WHEREOF**, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

**RECOMMENDING APPROVAL:** \_\_\_\_\_  
BRANCH MANAGER

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

\_\_\_\_\_  
BOD Chairperson

### MEMBER'S SUBSCRIPTION AGREEMENT

The Board of Directors,

In connection with my membership to this Cooperative, I hereby subscribe \_\_\_\_\_ Common Shares valued at Five Hundred Pesos (Php500.00) per share or equivalent to \_\_\_\_\_ Pesos (Php \_\_\_\_\_), on the following terms and conditions:

- I agree to pay the initial amount of at least Five Hundred (Php500.00) Pesos upon subscribing and the balance to be paid in installment of Pesos (Php \_\_\_\_\_). I agree that the unpaid balance of my subscribed capital is my liability to this Cooperative.
- I agree that I could guarantee/sell a portion of my share capital to any member with prior approval by the Cooperative. I agree that I could make claims to my share capital contribution upon termination of membership without pending obligation and subject to the Cooperative applicable policies, systems and procedures.

**IN WITNESS WHEREOF**, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
SUBSCRIBER'S SIGNATURE OVER PRINTED NAME

  
SUBSCRIBER'S RIGHT THUMB MARK

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Philippines, and the subscriber exhibiting CTC No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
**ADMINISTERING OFFICER**

**MEMBER'S PERSONAL DATA**

First Name:		Middle Name:		Last Name:		Suffix:	
Date of Birth (mm/dd/yyyy):			Place of Birth:			Religion:	
Age:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height(cm):		Weight(kg):	
Address:				LGBTQIA+ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				PWD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____			
Contact Number(s):				*Tax Identification Number:			

Social Media Accts: Facebook \_\_\_\_\_ Others \_\_\_\_\_

<b>Valid/Government Issued IDs</b>	ID Type:	ID Number:
	ID Type:	ID Number:

**Civil Status:**  Single  Married  Separated  Widowed  Annulled/ Divorced

<b>Educational Attainment</b>	<input type="checkbox"/> Elementary	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational	<input type="checkbox"/> College	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> None
	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Degree: _____		Degree: _____		Degree: _____	

**Occupation**

<input type="checkbox"/> Government Employee	<input type="checkbox"/> Business Person/Entrepreneur	<input type="checkbox"/> Housewife/Househusband
<input type="checkbox"/> Private Employee	<input type="checkbox"/> Church Servants/Workers	<input type="checkbox"/> Youth/Student
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Overseas Filipino Worker (OFW)	<input type="checkbox"/> Farmer
<input type="checkbox"/> Fisherfolk	<input type="checkbox"/> Dependent	
<input type="checkbox"/> Retiree/Pensioner		

<b>If Employed</b>	Status: <input type="checkbox"/> Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Probationary	<b>If Self - Employed</b>	Business Name:	
	Employer Name:		Business Address:	
	Employer Address:		Business Contact Number:	
	Monthly Income: <input type="checkbox"/> 10,000 and below <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001 – 50,000 <input type="checkbox"/> 50,001 and above		Monthly Income: <input type="checkbox"/> 10,000 and below <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001 – 50,000 <input type="checkbox"/> 50,001 and above	

Family Profile						
Household Members' Name	Relationship	Date of Birth	Age	Occupation	Beneficiaries?	SOEMCO Member?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Real/Personal Property Owned				
Description	Land Title Number	Lot Number	Location	Lot Area (Sqm)
1. <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural				
If Agriculture <input type="checkbox"/>	<input type="checkbox"/> Rice <input type="checkbox"/> Corn <input type="checkbox"/> Sugarcane <input type="checkbox"/> Coconut <input type="checkbox"/> Others			
	Specify: _____			
2. <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural				
If Agriculture <input type="checkbox"/>	<input type="checkbox"/> Rice <input type="checkbox"/> Corn <input type="checkbox"/> Sugarcane <input type="checkbox"/> Coconut <input type="checkbox"/> Others			
	Specify: _____			
3. Vehicle Owned	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tricycle <input type="checkbox"/> Others Specify: _____			

Occupational and Special Skills							
<u>Farming</u> <input type="checkbox"/> Palay <input type="checkbox"/> Corn <input type="checkbox"/> Vegetable <input type="checkbox"/> Others Specify: _____	<input type="checkbox"/> Fishing	<u>Livestock</u> <input type="checkbox"/> Swine <input type="checkbox"/> Poultry <input type="checkbox"/> Others Specify: _____	<u>Construction</u> <input type="checkbox"/> Masonry <input type="checkbox"/> Carpentry <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Painting <input type="checkbox"/> Others Specify: _____	<u>Processing</u> <input type="checkbox"/> Food Processing <input type="checkbox"/> Preservation <input type="checkbox"/> Others Specify: _____	<u>Servicing</u> <input type="checkbox"/> Cosmetology <input type="checkbox"/> Massage Therapist <input type="checkbox"/> Mechanical Repair <input type="checkbox"/> Electronics <input type="checkbox"/> Appliance Repair <input type="checkbox"/> Others Specify: _____	<u>Craft</u> <input type="checkbox"/> Furniture Making <input type="checkbox"/> Metal Work <input type="checkbox"/> Tailoring <input type="checkbox"/> Others Specify: _____	<u>Others</u> Specify: _____

Membership in other Cooperatives	
Name of the Cooperative	Address of the Cooperative

I declare that this Membership Application Form is accomplished by the undersigned and is true and correct and complete statement of the information contained herein and is done pursuant to the provision of the pertinent laws, rules and regulations of the Republic of the Philippines, I also authorize the Socorro Empowered People's Cooperative to verify/validate the contents stated herein.

_____ Name of the Member	_____ Signature	_____ Date
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Recruited By: _____	<b>To be filled by the cooperative staff.</b>		Date: _____ Control No: _____
	Completeness Checked by: _____	Recorded by: _____	
	Business Advisor	COOP Secretary	