

MEMBERSHIP APPLICATION FORM

Attach
1 x 1 or 2 x 2
ID Picture

LAST NAME	FIRST NAME	MIDDLE NAME	AFP Serial No.	DATE																								
PERMANENT HOME ADDRESS																												
PLACE OF RESIDENCE FOR THE LAST 2 YEARS																												
BIRTHDATE (mmm-dd-yyyy)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITIZENSHIP	TEL/CELLPHONE No.																									
AGE	CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW	TAX IDENTIFICATION No.																										
EMAIL ADDRESS		SSS No.	GSIS No.																									
WORK & FINANCES																												
DATE ENTERED MILITARY SERVICE/EMPLOYMENT:		BANKS OR FI(S) WHERE OTHER ACCOUNTS ARE MAINTAINED:																										
EMPLOYER	POSITION		NAME OF BANK	TYPE OF BANK ACCOUNT																								
MONTHLY GROSS INCOME		OTHER REAL OR PERSONAL ASSETS: _____																										
<input type="checkbox"/> ₱ 10,000-less	<input type="checkbox"/> 10,001-20,000	<input type="checkbox"/> 20,001-30,000	<input type="checkbox"/> OWNED	<input type="checkbox"/> RENTED																								
<input type="checkbox"/> 30,001-40,000	<input type="checkbox"/> 40,001-50,000	<input type="checkbox"/> MORTGAGED																										
MONTHLY NET INCOME	OTHER SOURCES OF INCOME	VEHICLE OWNERSHIP:																										
EMPLOYER FOR THE LAST 5 YEARS		<input type="checkbox"/> CAR	<input type="checkbox"/> JEEPNEY	<input type="checkbox"/> MOTORCYCLE																								
		<input type="checkbox"/> OTHERS: _____																										
COMMITMENT																												
<p>I hereby apply for membership in the Philippine Army Finance Center Producers Integrated Cooperative. I pledge to abide by the Articles of Cooperation and By-Laws and rules and regulation of this Cooperative. I also pledge to maintain my membership in active and good standing.</p> <p>I also entrust my account to the following legal beneficiaries in case of my death, subject to the pertinent provisions on the laws on testamentary and intestate succession and property regime, under the Civil Code of the Philippines, the Family Code of the Philippines or the Code of Muslim Personal Laws (Shariah Laws).</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Name</th> <th style="width:20%;">Relationship</th> <th style="width:30%;">Address</th> <th style="width:30%;">Contact No.</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p><input type="checkbox"/> Last Will and Testament in the custody of: _____ Name Contact No.</p> <p><input type="checkbox"/> Without Last Will and Testament</p> <p><input type="checkbox"/> Last Will and Testament Attached</p> <p><input type="checkbox"/> I allow PAFCPIC to deduct from my monthly salary the amount of ₱ _____ for my SHARE CAPITAL (SC) subscription and savings deposit. I shall continue with my SC build-up and shall be issued a new share certificate for every TEN (10) SHARES on a yearly basis until the minimum SC shall have been paid in full.</p> <p><input type="checkbox"/> As a qualified member, the amount of ₱50.00 shall also be deducted from my Monthly Salary / Regular Savings Deposit (RSD) for the subscription to the We Care Program in which subscription shall be governed by the Insurance Law of the Philippines.</p> <p><input type="checkbox"/> I further authorize PAFCPIC to release the Basic Credit Data provided in this Membership Application Form to the Credit Information Corporation as mandated by CISA Law (RA 9510) and its implementing rules.</p> <p style="text-align:right;">✓ _____ Signature over Printed Name / Date Signed</p>					Name	Relationship	Address	Contact No.	1. _____	_____	_____	_____	2. _____	_____	_____	_____	3. _____	_____	_____	_____	4. _____	_____	_____	_____	5. _____	_____	_____	_____
Name	Relationship	Address	Contact No.																									
1. _____	_____	_____	_____																									
2. _____	_____	_____	_____																									
3. _____	_____	_____	_____																									
4. _____	_____	_____	_____																									
5. _____	_____	_____	_____																									

DUTIES OF A MEMBER

1. Pays the installment on subscribed shares as it falls due and to participate on the capital build-up of the Cooperative;
2. Patronizes its business;
3. Participates in its parliamentary affairs;
4. Attends the membership meeting, regular or special;
5. Obeys the rules and regulations provided by existing laws, the decisions of the GA and the Board, and policies and decisions that may be promulgated by the Authority;
6. Promotes the aims and purposes of the cooperative, the success of its business, the welfare of its member and the Cooperative movement as a whole;
7. Monitor status of membership and subscription on regular basis;
8. Failure to comply with all types of obligations for the COOP is a ground for termination of membership without need of prior notification.

MEMBER IN GOOD STANDING

1. Participates in capital build-up. A member who pays the subscribed shares in full and/or on installment as pledged until such time that the subscribed shares are fully paid;
2. Is not delinquent in the payment of loans;
3. Participates and attends in the Cooperative's membership activities (Regular or Special General Assembly);
4. Has attended and completed the prescribed Cooperative Seminar.

TERMINATION OF MEMBERSHIP

Membership in the Cooperative may be terminated through:

1. **Voluntary Termination** – any member desiring to terminate his membership by withdrawal shall submit a written application to the Board. However, no member shall be allowed to withdraw or terminate his membership during any period in which he has any outstanding obligation with the Cooperative.
2. **Involuntary Termination** – a member may be expelled by a vote of the majority of all the members of the Board for any of the following causes:

- A. When a member has not patronized the services of the Cooperative for an unreasonable period of time as may be fixed by the Board of Directors;
- B. When a member has continuously failed to comply with his obligations;
- C. When a member has acted in violation of the By-Laws and the rules of the Cooperative;
- D. For any act or omission injurious or prejudicial to the interest or the welfare of the cooperative.
- E. Conviction by final judgment of a competent Court;
- F. Insanity
- G. Death

WE CARE PROGRAM

1. The We Care Program premium shall, at no instance, be deducted from the member's Share Capital Contribution.
2. The beneficiaries stated in the PAFCPIC Membership Application Form shall also be the beneficiaries for my We Care Program subscription but subject to the restrictions of the Insurance Code of the Philippines.
3. Non-disclosure of a life-threatening ailment pre-existing or diagnosed prior to the application for the Program subscription shall result to a denial of claim if the member/subscriber dies within SIXTY (60) DAYS from the date of initial subscription.
4. Failure to pay monthly premium for THREE (3) consecutive months for whatever reason shall result to the termination of the We Care Program subscription.
5. For any update regarding the status of the We Care Program subscription, the same may be sent to the subscriber through the following options:

Mail the Notice to my permanent residence address: _____

By e-mail to this address: _____

(Date)

(Signature Over Printed Name)