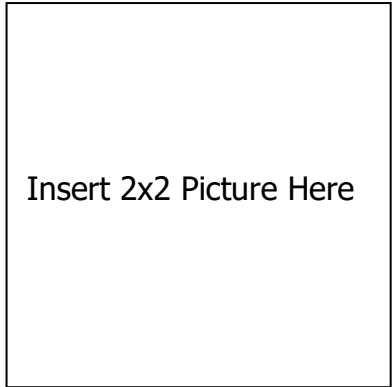


# MEMBERSHIP APPLICATION FORM (ASSOCIATE MEMBER)

**KAPANDESAL**  
Multipurpose COOPerative

PRAY • WORK • SERVE

**RAISE PH**




Insert 2x2 Picture Here

## KAPANDESAL Multipurpose COOPerative

C7 The Grand Towers, 790 P. Ocampo St., Malate, Manila 1004  
Tel. No. : +632 230-4410 | www.facebook.com/quickandfastcooperative

Please fill up clearly in **BLOCK LETTERS** and affix signature

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

MEMBER PROFILE					
Last Name:		First Name:		M.I.:	
Member Code:	Date of birth: (MM/DD/YYYY)	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Email Address:	Mobile No.:	Facebook: 			
Current Address:					
Provincial (Philippine) Address:					
Occupation:	Employer:	Monthly Income: ₱			
Office Address:					
Savings Account No.:			Bank/Branch:		
BENEFICIARIES					
Name	Age	Relationship	Date of Birth	Beneficiary	Dependent
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CONFORME	
<p>I confirm that all the information given in this Kapandesal Coop Membership Application Form are true and correct. Kapandesal Coop is hereby authorized to verify the above information from whatever source/s it may consider appropriate. Any misrepresentation made on the submitted documents is sufficient ground for legal action against me and rejection of this application. Should this application be denied, Kapandesal Coop has no obligation on its part to furnish the reason for such rejection.</p>	
<p>_____ SIGNATURE OF APPLICANT ABOVE PRINTED NAME</p>	<p>_____ DATE</p>