

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the **OFFICE OF THE SECRETARY OF JUSTICE EMPLOYEES' MULTI-PURPOSE COOPERATIVE (OSJEMPC)** and its **MUTUAL AID BENEFIT FUND (MABF)**. I agree to obey faithfully its rules and regulations as set down in its **Articles of Cooperation and By-Laws**, and the decisions of the General Assembly membership meetings and those of the Board of Directors.

I hereby pledge to:

1. Pay the membership fee of **P 200.00** and initial deposit of **P 200.00**.
2. Pay the **MABF** membership of **P 50.00** and **P 50.00** advance contribution as revolving fund. ***(MABF is not applicable to applicants 56 years old and above)***.
3. Pay additional **P 25.00** advance contribution to the **MABF** for each of my surviving parents. **(For Married Members Only)**
4. Contribute a monthly deposit of P _____ (Minimum of **P 200.00/month**) as my Share Capital and **P 50.00** for **MABF** dues to be deducted from my monthly salary.
5. Contribute additional monthly dues of **P 25.00** for each of my surviving parent to be deducted from my monthly salary. **(For Married Members Only)**
6. Comply with the membership and subscription agreement. For your consideration, hereunder is my accomplished information sheet.

Date	Signature over Printed Name
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NOTE: Please check the appropriate box for your preference in the payment of your loans and dividends.

- | | |
|---|--|
| <input type="checkbox"/> Through the issuance of checks | <input type="checkbox"/> For credit to LBP ATM Account |
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PERSONAL DATA:

Name: _____

Present Home Address: _____

Date of Birth: _____	Civil Status: _____
Official Station: _____	Position: _____
Telephone No.: _____	Cell Phone No. : _____
Name of Spouse: _____	Occupation: _____

Name of Parents: **(SURVIVING PARENTS ONLY)**

1. _____
2. _____

Name of Dependent Children/s: (MINORS ONLY)	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Name of Beneficiary/ies in case the abovementioned qualified dependents are no longer available/qualified:

1. _____
2. _____

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

Membership No. _____

Secretary