



**MEMBERSHIP AND SUBSCRIPTION AGREEMENT**

The Board of Directors

St. Luke’s Medical Center – Multi Purpose Cooperative  
(Name of Cooperative)  
279 E. Rodriguez Sr. Blvd. Q.C.  
(Address)

\_\_\_\_\_  
Date

Gentlemen:

I, \_\_\_\_\_ of legal age, resident of \_\_\_\_\_  
hereby agreed to be a member of the St. Luke’s Medical Center – Multi Purpose Cooperative. I have completed the training course prescribed for prospective 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 of the Articles of Cooperation, the By laws and policies set by the board, the General Assembly as well as acts of duty constituted authorities and failure on my part to do so, the Cooperative, at its option, may:

- a) Fine
- b) Suspend of
- c) Expel me from membership whereupon all my shareholdings in, shall be answerable for my liabilities to the Cooperative.

2. To attend all meetings, conferences and seminars as required by the Board of Directors and failure on my part to do so, unless previously excused by the Board, to pay the fine of P \_\_\_\_\_ and to make up for the activity I have missed.

3. To participate in the planned thrift and savings program by:  
a) Subscribing for at least \_\_\_\_\_ shares valued at \_\_\_\_\_ (P \_\_\_\_\_) and paying for them either in lump sum or in regular instalments if on instalment, to pay at least the value of one share on or before the organizational meeting and balance upon approval by the Board of my application for membership in regular monthly/ bimonthly/weekly/daily instalments of \_\_\_\_\_

b) Contributing to its share capital an amount equivalent to \_\_\_\_\_ of the annual interest and patronage refund due me;

d) Failure on my part to comply with my financial obligation, unless excused by the Board, shall make me liable for a fine of \_\_\_\_\_ a month on the amount in default.

4. To pay the membership fee of P \_\_\_\_\_

5. To comply with the directives of duty constituted authorities as well as the decisions of the Board regarding the operating policies of the Cooperative.

\_\_\_\_\_  
The provisions of this agreement, the articles of cooperation and by laws have been explained to me and I understand them and agree to abide with all of them.

In all of the above undertakings, I am aware that the Board of Directors and the Cooperative may impose sanctions against me or perform any act necessary to make the sanction(s) effective without going to court.

In witness hereof, I have hereunto affixed my signature/right hand thumb mark this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature or Right-hand Thumb mark of Applicant



APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the \_\_\_\_\_ Cooperative. I agree to obey faithfully its rules and regulations as set down in its Articles of cooperation and Bylaws, the decisions of the general membership meetings and those of the Board Directors.

I hereby pledge to:

- 1. Attend and finish the prescribed membership education courses.
- 2. Pay the membership fee of P \_\_\_\_\_,
- 3. Participate in the following savings program:
  - a) Subscribed for at least \_\_\_\_\_ shares and pay for them in either in lump sum or instalments, under the terms and conditions prescribed in the Membership Agreement.
  - b) Contribute daily/weekly/bi-monthly at least \_\_\_\_\_ of my monthly salary into share capital: and
  - c) Contribute into the share capital at least \_\_\_\_\_ of the annual interest on capitol and patronage refund due me.
- 4. Comply with the membership and subscription agreements. For your consideration, I do hereby attach my information sheet

\_\_\_\_\_ Date

\_\_\_\_\_ Signature or Right-hand Thumb mark of Applicant

\_\_\_\_\_ Place

PERSONAL DATA:

Employee #/ID # \_\_\_\_\_ Fixed: Php \_\_\_\_\_ Saving: Php \_\_\_\_\_ Bank Acct # \_\_\_\_\_

Name: \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
Date of Birth: \_\_\_\_\_ GENDER: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Month/Day/Year

Birthplace: \_\_\_\_\_ Phone number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

TIN \_\_\_\_\_ SSS Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Number Street Brgy. City/Municipality

Provincial Address: \_\_\_\_\_

Number Street Brgy. City/Municipality

Division/Group: \_\_\_\_\_ Department: \_\_\_\_\_ Unit/Section: \_\_\_\_\_

Position title: \_\_\_\_\_ Years in Position: \_\_\_\_\_ Local Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Educational Attainment: \_\_\_\_\_ School last attended: \_\_\_\_\_

SPOUSE INFORMATION:

Name: \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Month/Day/Year

Phone number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Year/s working: \_\_\_\_\_ Monthly income: \_\_\_\_\_

Beneficiary /Dependents	Relationship	Birthday
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

This application for membership was approved /disapproved by the board of directors in its meeting held on \_\_\_\_\_ 20\_\_\_\_.

MEMBERSHIP NO. \_\_\_\_\_

(Secretary)

Approved by Board of Directors:

\_\_\_\_\_ Signature over printed name and date

\_\_\_\_\_ Signature over printed name and date

\_\_\_\_\_ Signature over printed name and date

“EARN AND SAVE COOPERATIVE WAY”



<b>Member's Personal Information</b> <b>(Additional Information as required by Cooperative Development Authority (CDA))</b>			
Employee Number	* (need to fill-up in case this form will be detached from the Membership Form)		
Last Name*			
First Name*			
Profession		Religion	
<b>Business and Education (Additional Information)</b>		<b>Spouse Information (additional information)</b>	
Business/ Employer Name:		Last Name*	
Nature of Business:		First Name*	
Employer Code: (QC/ BGC/ COM)		Educational Attainment:	
Number of Employees:		Degree/ Course	
Date Hired:			
Employment Level: (Senior Officer/ Junior Officer/ Non-officer)		<b>Spouse Employer</b>	
		Business/ Employer:	
Since		Nature:	
Occupation		No. of Employees:	
Other Income		Since(year)	
		Job Title:	
		Job Status	
		Employment Level (Senior Officer/ Junior Officer/ Non-officer)	
		Date Hired:	
		Other Income:	

**Sketch of Address**



**ST. LUKE’S MEDICAL CENTER MULTI-PURPOSE COOPERATIVE**

**MEMBER FULL CONSENT / AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize **St. Luke’s Medical Center (SLMC) Multi-Purpose Cooperative**, and / or its authorized Board of Directors (BOD), Committees and personnel to collect, record, store, update, use and / or process in any other manner (“processing”) my personal and sensitive personal information (“personal information”) such as the following:

- a. Full Name
- b. Date of Birth
- c. Gender
- d. Government IDs
- e. Spouse Full Name
- f. Spouse Date of Birth, Gender
- g. Beneficiary/Dependent’s Name, Date of Birth
- h. Fingerprint Biometrics

SLMC Multi-Purpose Cooperative shall protect the data you provided in compliance with the Data Privacy Act of 2012 and it’s implementing rules and regulations. SLMC Multi-Purpose Cooperative will not collect, disclose or process personal data, including data that may be classified as personal information and/or sensitive personal information unless you voluntarily choose to provide us with it and give your consent thereto, or unless such disclosure is required by applicable laws and regulations. Personal or sensitive personal information is information pertaining to education or information provided by government agencies which are peculiar to individuals and such other data declared to be sensitive.

SLMC Multi-Purpose Cooperative shall keep the Data throughout the membership term of the engagement. SLMC Multi-Purpose Cooperative shall take appropriate and reasonable technical and organizational measure to ensure the requisite data security to protect the Data against unauthorized disclosure or unauthorized access. SLMC Multi-Purpose Cooperative shall require its BOD, Committees, Suppliers, Vendors and third parties who process the Data to adhere to similar or comparable data protection standards as required by the Data Privacy Act of 2012.

I also acknowledge and warrant that I have acquired to this consent and hold free and harmless and indemnify SLMC Multi-Purpose Cooperative from any complaint, suit, or damages which any party may file or claim in relation to my consent.

My consent or authorization is revoked at the termination of my membership from SLMC Multi-Purpose Cooperative.

_____	_____	_____
Name of Member	Date	Signature