



PHCCI KIDDY & Y.E.S. LABORATORY COOPERATIVE

PHCCI-MPC FORM No. 19
Revised 2019

Redemptorist Compound, Real St., Tacloban City, Leyte
Tel. No. 321-7582
Email Add: phccimpctac.labcoop@gmail.com

APPLICATION FOR REGULAR MEMBERSHIP (Ages 7 to 17 years old)

TO: THE MANAGER
PHCCI-MPC Tacloban

I hereby apply for Regular Membership in the PHCCI Kiddy & Y.E.S. Laboratory Cooperative. If admitted, I agree to abide by its By-Laws and governing rules, regulations and policies. I also promise to comply by depositing the minimum share capital or fixed deposit requirement of _____ per annum or _____ / month and to save by opening a savings account and help the welfare of my co-members, aims and purposes of PHCCI Kiddy and Y.E.S. Laboratory Cooperative and those of the Cooperative Movement.

I hereby certify to the truth of the following personal data:

PERSONAL INFORMATION:

NAME: _____
(Family) (First) (Middle)
AGE: _____ SEX: _____ CIVIL STATUS: _____ HEIGHT: _____ WEIGHT: _____
ADDRESS: _____ TEL.NO. or CELL NO. _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PARENTS INFORMATION:

NAME OF FATHER: _____ NAME OF MOTHER: _____
ADDRESS: _____ TEL.NO. or CELL NO. _____
NAME OF GUARDIAN: _____ RELATION TO CHILD: _____
ADDRESS: _____ TEL.NO. or CELL NO. _____

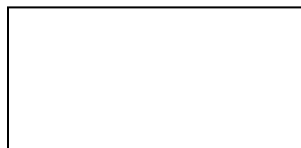
SCHOOL INFORMATION:

NAME OF SCHOOL: _____
YEAR / GRADE LEVEL: _____ SCHOOL ADDRESS: _____
REFERENCES: _____

Further, I do hereby authorize PHCCI-MPC Tacloban (Guardian Coop) to automatically convert my account to Adult Associate Membership category of PHCCI-MPC Tacloban upon reaching the age of eighteen (18) years old.

DEPOSITOR'S SPECIMEN SIGNATURES:

Name of Account: _____ Date: _____



Left Thumbmark



Right Thumbmark

Parent's or Guardian's Consent:

Signature over Printed Name

Branch Manager

LabCoop Chairperson

Youth Director

Action Taken: ___Approved ___Disapproved