



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 DECLARE THAT THE INFORMATION GIVEN BELOW IS TRUE. CORRECT AND COMPLETE IN EVERY RESPECT, I promise to abide to the terms and conditions set forth in the policy of the cooperative without any reservations, upon approval of my application.

1. PERSONAL INFORMATION

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

2. PARENT OR GUARDIAN'S INFORMATION

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

3. SCHOOL'S INFORMATION

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

4. PARENT OR GUARDIAN'S CONSENT



I allow disallow my child to withdraw on his or her account even without my consent and signature.

I undertake to explain to my child the use and operation of any accounts, products, services, and facilities;

I acknowledge that I have principal and solidary liability with my child and irrevocably hold PHCCI Kiddy and Y.E.S. Laboratory Cooperative and PHCCI-MPC Tacloban, its directors, officers, and employees free and harmless from, and shall indemnify them against, any and all loss, damages, liabilities, claims and suits that may arise in connection with the use of the account.

 Signature over Printed Name

5. MEMBER'S SPECIMEN SIGNATURES & THUMBMARK

  _____

Left Thumbmark Right Thumbmark Date

6. LABCOOP MEMBERSHIP AGREEMENT FORM (LABCOOPMAF)

I, _____, a laboratory cooperative member at _____
Branch/Satellite, hereby agree to fulfill the following when I reach the age of 18 years old:

1. I will continue my membership to the cooperative to its guardian coop, PHCCI-MPC Tacloban
2. Authorizes the management on the automatic conversion of my LabCoop membership to Regular membership upon completion of the required documentary requirements, deposits and fees based on the existing policy of PHCCI-MPC Tacloban.

Further, I do hereby authorize PHCCI-MPC Tacloban as guardian coop to automatically convert my account to Regular membership upon reaching the age of 18 years old. Non-compliance of this agreement shall mean that the total balance of my deposits shall be deposited to the Deposit-in-Trust account, a non-interest-bearing account.

Signed this _____ of _____, 20__ at _____.

Conforme:

Signature over Printed Name
(Name of Member)

Signature over Printed Name
(Parent /Guardian Name)

Type of ID card & ID number presented:

FOR PHCCI USE ONLY

LabCoop Account Number												Date Opened	Date of Seminar		
				-											
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; text-align: center;"> <p>_____ Branch Manager</p> </div> <div style="width: 30%; text-align: center;"> <p>_____ LabCoop Chairperson</p> </div> <div style="width: 30%; text-align: center;"> <p>_____ Youth Director</p> </div> </div>															
Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved												BOD Resolution No.:			
Referred by:															