

REGULAR MEMBERSHIP APPLICATION
PERSONAL INFORMATION

Name	Surname _____	First Name _____	Middle name _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	(mm/dd/yyyy) _____	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Name of Spouse	_____		
Present Address	<input type="checkbox"/> Owned <input type="checkbox"/> Rented/Boarder <input type="checkbox"/> Living with Parents/Relatives		
Permanent Address	_____		
Mobile Number	_____	Home Phone Number	_____
BPI/BFB Account No.	_____ <input type="checkbox"/> SA <input type="checkbox"/> CA	Position	_____
SSS ID No.	_____	<input type="checkbox"/> Director/Executive <input type="checkbox"/> Officer <input type="checkbox"/> Supervisor <input type="checkbox"/> Staff	
Company Name	_____	Office Email Address	_____
Office Address	_____		
Employee No.	_____	Personal Email Address	_____
Date Hired	_____	Office Phone Number	_____

APPLICATION TYPE

New Member Re - Activate Update Records
 (e.g. change of status, address, etc.)
 Transfer From _____ To _____

FOR ACTIVE EMPLOYEE
CAPITAL BUILD-UP PLEDGE

I declare that the information herein above written is correct, further I have read and understood the policies, rules, etc. of the Coop as contained in the website and other communication channels of the Ayala Coop. I also agree to the terms and conditions therein contained.

I hereby subscribe to the Ayala Multi-Purpose Cooperative common shares at P500 per share and my contribution per payday for continued capital build-up is:

P100 / per payday _____ (amount of your choice)

This serves as an authorization for salary deduction for capital contribution and any future loan amortization to be paid to Ayala Coop hereafter. I acknowledge that I have read, understood and/or have been duly informed of the terms and conditions pertaining to the data privacy practices of the Coop as reflected in the Coop's Data Privacy Policy at www.ayalacoop.com and I hereby express my full conformity thereto.

Signature over Printed Name of Applicant Date

BENEFICIARIES (Surname, First name, Middle name)

Fullname (Last, First, Middle)	Date of Birth	Relationship to the Member
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Disclaimer: If no beneficiaries nominated, Ayala Coop will follow the legal heirs based on hierarchy rule: spouse for married and parents for single member

HRD CERTIFICATION

(Please put a check mark on the employment status of Applicant)

I certify that the Applicant is a PERMANENT PROBATIONARY
 employee of _____
 (Company Name)

Signature over printed name Date
HRD Authorized Officer

AYALA COOP APPROVAL

(To be filled out by AMPC)

Membership ID No: _____
Date Approved in MLMS: _____
Start Date of Salary Deduction: _____
Received by: _____

NOTE: Please send the accomplished form through email to customerservice@ampc.org.ph