

REGULAR MEMBERSHIP APPLICATION
PERSONAL INFORMATION

Name	Surname _____	First Name _____	Middle name _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	_____ <small>(mm/dd/yyyy)</small>		
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		
TIN ID No.	_____		
Company Name	_____		
Office Address	_____		
Office Email Address	_____		
Employee No.	_____		
Personal Email Address	_____		
Date Hired	_____		
Office Phone Number	_____		

APPLICATION TYPE
 New Member Re - Activate 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 forms@ampc.org.ph