



# BENGUET STATE UNIVERSITY AND COMMUNITY MULTIPURPOSE COOPERATIVE (BSUCMPC)

BSUCMPC FORM 1

CDA Reg. No.: 9520-15000523 / CIN No.: 0103150134  
BSU Compound, Balili Road, KM 5, La Trinidad, Benguet  
Telephone Nos.: (074) 619-8354, (074) 248-3036 / Telefax: (074) 422-1846  
Website: [www.bengsumpc.com](http://www.bengsumpc.com) eMail Address: [bsucmpc1999@gmail.com](mailto:bsucmpc1999@gmail.com)

## MEMBER'S INFORMATION SHEET

1x1 ID  
Picture

Name: \_\_\_\_\_ Sex: ( ) Male ( ) Female  
 Present Address: \_\_\_\_\_  
 Provincial Address *if different from above*: \_\_\_\_\_  
 Cellphone Number: \_\_\_\_\_ Landline: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Ownership :( ) Own house ( ) Renting house owned by: \_\_\_\_\_  
 ( ) Staying with parents/relatives ( ) Others: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Civil Status: \_\_\_\_\_  
 Highest Educational Attainment: \_\_\_\_\_ Degree/Course: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer's/Businesss Name: \_\_\_\_\_  
 Employers/ Business Address: \_\_\_\_\_  
 Employer's/Business Contact Number: \_\_\_\_\_  
 Name of Spouse, *if applicable*: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer's/ Business Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name of Children	Age

TIN Number: \_\_\_\_\_ Valid ID and No.: \_\_\_\_\_

In case of emergency, name of person to contact: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pre-Membership Education Seminar (PMES) attended (one only)

	Date	Lecturer (sign over printed name)
( ) On-Site, by the Education Committee	_____	_____
( ) One-on-One	_____	_____

From whom or where did you know about the BSUCMPC?  
 ( ) BSUCMPC Office ( ) BSUCMPC Officer  
 ( ) Relatives/Colleagues/Friends ( ) Facebook ( ) Others \_\_\_\_\_

Are you a member of other cooperatives? ( ) YES ( ) NO  
 If yes, please state the name of the cooperative \_\_\_\_\_

I certify to the correctness of all information I provided and I authorize the BSUCMPC to verify details of my application.

\_\_\_\_\_  
*Signature over Printed Name*  
 Date: \_\_\_\_\_

This certifies that the Board of Directors has  approved  disapproved this application for membership in its regular meeting on \_\_\_\_\_.

\_\_\_\_\_  
Chair, Education Committee



# BENGUET STATE UNIVERSITY AND COMMUNITY MULTIPURPOSE COOPERATIVE (BSUCMPC)

BSUCMPC FORM 2

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## CONDUCT AND ETHICAL RESPONSIBILITIES OF BSUCMPC MEMBERS

The success and longevity of the BSUCMPC depends to a great extent on the support and compliance of a member to his/her obligations and responsibilities. Hence, I will strive to:

1. Promote the vision, mission, core values and interests of the BSUCMPC.
2. Commit to abide by the cooperative's By-laws, policies, rules and regulations and practice cooperative values and principles at all times.
3. Know and exercise my rights and perform my obligations as member of BSUCMPC including availment of services and timely settlement of dues
4. Value and practice honesty, loyalty, politeness, professionalism, respect, courtesy, humility and kindness in all my dealings with BSUCMPC's employees, officers, members and with the people in my community.
5. Exercise self-restraint, consideration, understanding and patience in times of inconvenience to prevent altercations, conflicts or problems
6. Help in the growth and financial viability of the coop by availing of services, encouraging new members, new/additional loans and deposits or new/additional business for the cooperative
7. Project a positive image of the cooperative in my actions inside and outside the offices of the cooperative.
8. Use the cooperative facilities and equipment/ furniture & fixture with utmost care.
9. Attend and actively participate in BSUCMPC's annual/special general assembly and its other major activities or programs.

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## COMPLIANCE COMMITMENT CERTIFICATE

I \_\_\_\_\_, after having received, read and understood the Code of Conduct & Ethical Responsibilities for members of the BSUCMPC, hereby commit to FULLY abide by its provisions & undertake to immediately report any violation thereof. I understand that any violation on my part of the provisions of the Code and related policies of the BSUCMPC may be subject to appropriate sanction/penalty as may be determined by the Board upon exercise of due process of law.

\_\_\_\_\_  
(Signature Over Printed Name)

\_\_\_\_\_  
(Date)

## DATA PRIVACY CONSENT FORM

BSUCMPC values the privacy and security of personal data entrusted by its stakeholders (members) for legitimate purposes.

BSUCMPC aims to comply with the Data Privacy Act of 2012 (DPA) and cooperate fully with the National Privacy Commission (NPC). We regard your privacy with utmost importance. BSUCMPC is committed to ensuring both your personal privacy and attaining our genuine and legitimate interests as a cooperative.

The personal data obtained from the members are entered and stored within the Cooperative's authorized database or storage and will only be accessed by the BSUCMPC's authorized personnel. The BSUCMPC has instituted appropriate organizational, technical, and physical security measures to ensure the protection of the member's personal data.

Furthermore, the information collected and stored in the portal shall only be used for the following purposes:

1. Processing and reporting of documents related to membership, loans, deposits, membership benefits;
2. Announcements/promotions of events, programs, courses, and other activities offered/ organized by the Cooperative and its partners;
3. Activities such as General Assemblies, Internal Audit, External Audit, Risk Based Evaluations;
4. Litigations such as small claims, collection cases, criminal and civil cases, administrative cases, and conciliation and mediation of disputes involving members; and
5. Other activities where information obtained from members are necessary to achieve its purpose.

BSUCMPC shall not disclose member's personal information without latter's consent and shall have the right to retain this information for the effective implementation and management of the Cooperative.

### **Member's Consent:**

I have read the Cooperative's Data Privacy Statement and express my consent for the BSUCMPC to collect, record, organize, update, retrieve, consult, use, consolidate, block, erase ore deduct my personal data as part of my information. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data, and does not waive any of my rights under the Data Privacy Act of 2012 and other applicable laws.

Name and Signature: \_\_\_\_\_  
Valid ID and No.: \_\_\_\_\_  
Date Signed: \_\_\_\_\_



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BSUCMPC FORM 3

## MEMBERSHIP AND SUBSCRIPTION AGREEMENT

This membership agreement specifies my rights and responsibilities as a regular member of BSUCMPC, the co-op's obligations to me as a member and my initial subscription.

**Rights as a Regular Member** - As a regular member of BSUCMPC, I am entitled to:

- one vote at coop meetings and receive proper notice of meetings;
- serve as a committee member or run for a position in the Board of Directors and elected committees;
- participate in the co-op's operations and governance;
- raise concerns or issues I identify with the co-op;
- receive information about the co-op's financial status, decisions, activities and status;
- receive patronage refund in accordance with my use of the co-op's services;
- receive dividends (interest on share capital) on shares held in the co-op.

**Responsibilities as a Member:** - As a member of BSUCMPC, I have a responsibility to:

- participate in the governance of the co-op through attendance in annual meetings, voting on decisions, asking questions, and participating in board and committee elections.
- support the vision, mission and goals of the co-op;
- Obey the policies of the co-op set out in its organizational documents and those created by the board. Failure on my part to do so will authorize the BSUCMPC at its option to impose any or a combination of Fine, Suspension of membership or rights, or Expulsion from membership whereupon all my share holdings shall be answerable for my liabilities to BSUCMPC;
- support the co-op's operations by using its services or contributing to the delivery of its services;
- learn more about the co-op's operations and organizational capacity; and
- support the capitalization of the co-op by making additional financial contributions and participate in the savings mobilization program of the cooperative by:
  - Subscribing at least 20 shares amounting to PHP 20,000.00 upon membership. If unable to complete the 20 shares upon membership, minimum subscription upon membership shall not be less than 5 shares (Php 5,000.00), the balance to be subscribed to and paid within three (3) years;
  - Paying Php 100.00 as membership fee; Php 200.00 for ID card and passbooks for share capital, mutual fund and hospitalization assistance; Php 125 for Savings Account with passbook
  - Paying an initial fund of PHP 1000 for Mutual Assistance (MA) and PHP 700.00 for Hospitalization Assistance (HA) upon completion of the 20 minimum shares (Php 20,000);
  - Flow back at least 50% of my dividend and patronage refund due to me until the minimum of 20 shares has been completed;
  - Continuously add to my share capital and savings deposit

### Obligations of BSUCMPC

As a member of BSUCMPC, I understand that the co-op is obliged to:

- give notice of meetings ahead of time such that I can participate in the co-op's governance;
- maintain a transparent and efficient system of decision-making that is inclusive of the membership and supportive of the mission and vision of the co-op;
- conduct business through the board and/or management and staff that is in the best interest of the co-op and its members;
- use my financial contribution responsibly and return my shares if I opt to terminate my membership

### DECLARATION

I, \_\_\_\_\_, understand the rights and responsibilities of membership in BSUCMPC and I agree to subscribe a minimum of twenty (20) shares with a par value of Php1, 000 per share payable within three (3) years. Failure to do so will automatically make me an associate member. My initial payment is P \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Education Committee: \_\_\_\_\_ Date: \_\_\_\_\_



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BSUCMPC FORM 4

## MUTUAL ASSISTANCE AND HOSPITALIZATION ASSISTANCE (Applicable to Members with P20,000 Share Capital or higher)

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

### BENEFICIARIES OF MUTUAL ASSISTANCE

<i>Beneficiaries</i>	<i>Address</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Contact No.</i>

### FEATURES OF THE MUTUAL AID BENEFIT and HOSPITALIZATION ASSISTANCE (MAHA)

Strictly for regular members only, the BSUCMPC pools resources of its regular members to help fellow regular members in times of illness through the Hospitalization Assistance (HA) Program and in times of death through the Mutual Aid (MA). The amount to be given depends on the (1) share capital and (2) length of membership from completion of P20,000 share capital.

#### CONTRIBUTIONS UPON COMPLETION OF THE INITIAL SHARE CAPITAL OF PhP 20,000:

- Pay an initial PhP 1000 for Mutual Assistance and PhP 700 for Hospitalization Assistance. These shall be replenished once depleted thus members are to update their funds at least on a quarterly basis.
- Other sources for replenishment shall be loan proceeds, Interest on Share Capital and Patronage Refund.

#### CONDITIONS FOR AVAILMENT OF MAHA:

- The regular member should have completed 12 months of membership since his/her completion of P20,000 share capital.
- Must not be delinquent on loan payments and not a co-maker-guarantor to a delinquent account.
- A Management Fee of 3% will be deducted from the gross claim.
- Coop obligations shall be settled first before release of claims/ proceeds.

#### REQUIREMENTS AND PROCEDURES IN CLAIMING MUTUAL ASSISTANCE

- Legal claimants shall present Death Certificate and passbooks of the member, and valid ID of beneficiary/ies to the BSUCMPC Office within one (1) year from member's death.
- The Mutual Assistance has to be claimed within one year after death of the member, otherwise it is forfeited.
- Only beneficiaries as indicated in the MAHA form (BSUCMPC Form 4) shall be recognized as claimants.

#### REQUIREMENTS AND PROCEDURES IN CLAIMING HEALTH ASSISTANCE

- At least sixty (60) hours hospital confinement or accumulated sixty (60) hours of dialysis and/or chemotherapy treatments.
- Submit to the BSUCMPC copies of the Clinical Cover Sheet/ Patients' Record from the Administration or Records Section from the hospital.
- File claim within 90 days from hospital discharge. Otherwise, it will be forfeited.
- Hospitalization assistance shall be given to regular members only. It cannot be availed of by beneficiaries.
- The Hospitalization Assistance can be availed of once every 5 years.
- The assistance shall be deposited in the member's Saving's Account if the claim is processed by an authorized representative.

### CERTIFICATION

I have read and understood the nature, processes and requirements of the MAHA programs and I certify to the correctness of the information I provided. I will comply with the requirements and abide by the policies and procedures in claiming of the said benefit/ assistance.

\_\_\_\_\_  
Signature over Printed Name  
Date: \_\_\_\_\_