



**ABBOTT LABORATORIES PHILS. EMPLOYEES MULTI-PURPOSE
COOPERATIVE (ALEKBC-MPC)**

Units 102-103 West Dale Residences
West Capitol Drive, Kapitolyo, Pasig City
Tel.No.: 631-7220
Email Add: karen_alekbc@yahoo.com
evelyn_alekbc@yahoo.com
alekbc@yahoo.com

MEMBERSHIP APPLICATION AND DATA UPDATE

PERSONAL INFORMATION

NAME:	Surname	First Name	Middle Name	PHOTO
GENDER:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> LGBTQ	
DATE OF BIRTH:	(mm/dd/yyyy)			
NAME OF SPOUSE:				
PRESENT ADDRESS:				
PERMANENT ADDRESS:				
MOBILE NUMBER:				
BPI ACCOUNT NO:	<input type="checkbox"/> SA	<input type="checkbox"/> CA		
EMPLOYEE ID NO:				
DATE HIRED:				
DIVISION:				
OFFICE ADDRESS:				
MARITAL STATUS:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
	<input type="checkbox"/> Owned <input type="checkbox"/> Rented/Boarder <input type="checkbox"/> Living wth Parent/Relatives			
HOME PHONE NUMBER:				
PERSONAL MOBILE NO:				
PERSONAL EMAIL ADDRESS:				
OFFICE EMAIL ADDRESS:				
SSS NO:				
TIN :				

APPLICATION TYPE

MEMBERSHIP FEE

NEW MEMBER

DATA UPDATE
(e.g.Change of status, address, etc)

SALARY DEDUC

OVER THE COUNTER PAYMENT

FOR ACTIVE EMPLOYEE

CAPITAL BUILD-UP PLEDGE

I declare that the information herein above written are correct, further I have read and understood the policies, rules, regulations, etc of the Cooperative as stated in the Website and other communication channels of the ALEKBC-MPC. I also agree to the terms and conditions therein contained.

I hereby subscribe to the ALEKBC-MPC P1,000 common shares at P100 per share and my contribution per payday of continued capital build-up is :

<input type="checkbox"/>	Share Capital: <i>(Mandatory)</i>	P400 per payday (minimum)	<input type="checkbox"/>	(any amount not to exceed P10,000 per payday)
<input type="checkbox"/>	Save for Retirement Program <i>(Voluntary)</i>	P500 per payday (minimum)	<input type="checkbox"/>	(any amount not to exceed P10,000 per payday)
<input type="checkbox"/>	Savings Deposit: <i>(Voluntary)</i>	P500 per payday (minimum)	<input type="checkbox"/>	(any amount not to exceed P10,000 per payday)

This serves as an authorization for salary deduction for the above mentioned capital build-up program and any future loan amortization to be paid to ALEKBC-MPC 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 Cooperative as reflected in the Coop's Data Privacy Policy at www.alekbcmpc.com and I hereby express my full conformity thereto. I do understand and acknowledge the fact that my accounts with ALEKBC-MPC are not insured nor guaranteed by Abbott Laboratories (Phils.) for each has a distinct and separate personality.

	SPECIMEN SIGNATURES	(1)	(2)	(3)
Printed Name of Member / Date				

IMMEDIATE MEMBERS OF MY FAMILY (Surname, First name, Middle name) Use back page if space is limited

Fullname (Last,First,Middle)	Date of Birth	AGE	Civil Status	Relationship to the Member	NOTE: IMMEDIATE MEMBERS OF THE FAMILY only includes:
					a.) FOR MARRIED MEMBERS: legitimate spouse, legitimate childred and parents.
					b.) FOR SINGLE MEMBERS: parents and unmarries siblings up to 21 years of age.
					C.) IN-LAWS are excluded

HRD VALIDATION	PRE-MEMBERSHIP EDCOM	MEMBERSHIP COMMITTEE VALIDATION & ENDORSEMENT	ALEKBC-MPC VALIDATION/APPROVAL <i>(To be filled-out by ALEKBC)</i>
Please put a check mark on the employment status of applicant <input type="checkbox"/> Regular Employee <input type="checkbox"/> Probationary Employee	Pre-membership Education Seminar (PMES) completed on _____	Signature over printed name 1. _____ 2. _____ 3. _____ Board Res. No. _____ Date: _____	Received by: _____ <i>Signature over printed</i> Membership ID No. _____ Encoded by: _____ _____ <i>Signature over printed name / Date</i>
Signature over printed name HRD Authorized Officer Date: _____	Signature over printed name PRE-MEM EDCOM / ALEKBC STAFF Date: _____		

NOTE: Please send the accomplished form to Alekbc Office or to the Membership Committee.