



SUBIC BAY METROPOLITAN AUTHORITY
EMPLOYEES WELFARE MULTI-PURPOSE COOPERATIVE

Subic Gymnasium Subic Bay Freeport Zone, Philippines 2222
☎ (6347) 252-4179 Facsimile (6347)252-4294

2 x2 PHOTO

Revision No. EWMPC-2025-03-001

- ☐ New
☐ Re-membership
☐ Associate Member
☐ Resigned/Retired Member

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the SBMA EMPLOYEES' WELFARE MULTI-PURPOSE COOPERATIVE (SBMA-EWMPC). Once a member, I agree to conscientiously obey its rules and regulations as prescribed in its Articles of Cooperative and By-Laws, the amendments thereof, the decisions of the General Assembly on meetings and those of the Board of Directors.

I hereby pledge to:

1. Follow and obey the duties and responsibilities of a member;
2. Complete the prescribed ***Pre-Membership Education Seminar (PMES)*** which is mandatory in order to be a regular member;
3. Patronize the business of the cooperative and pay all obligations due to coop;
4. Pay the ***Membership Fee of P700.00*** which shall be refunded to the applicant in case of denial of application;
5. Pay the Re-Membership fee of P500.00 (For former Members who wish to join again the Cooperative);
6. Subscribe twenty-seven (27) shares equivalent to ***P2,700.00 as Subscribed Capital*** which shall be paid in bi-weekly or monthly installment in the amount of P_____ until the full subscription is fully paid;
7. Participate in the minimum ***Capital Build-Up of P100.00*** monthly.

Applicant's Signature

Date

PERSONAL DATA

NAME	DATE OF BIRTH	PLACE OF BIRTH
RESIDENCE	TIN No.	STATUS
DEPARTMENT/OFFICE OF EMPLOYMENT & EMPLOYMENT STATUS	OFFICE/MOBILE PHONE NO.	ADDRESS
CONTACT PERSON IN CASE OF EMERGENCY: ADDRESS: CONTACT NO:	NAME OF BENEFICIARIES:	RELATION

FOR SBMA EWMPC STAFF USE ONLY

ASSIGNED MEMBERSHIP (Passbook No.)	MEMBERSHIP FEE	PAID-UP CAPITAL (SUBSCRIPTION)	EQUIVALENT NO. OF SHARE(S)	TOTAL AMOUNT	RECEIVED BY/ OR NO. /OR DATE
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MEMBERSHIP COMMITTEE



**SUBIC BAY METROPOLITAN AUTHORITY
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ATTENTION: TO ALL SBMA EMPLOYEES...

NO CASH OUT MEMBERSHIP PROGRAM

AVAIL OF THE SBMA EWMPC PROMO BY CHOOSING:

- ☐ Installment Payment Plan – Payable for One (1) Year
- ☐ Loan your Share Plan P5,000 – Six (6) Months Mini Loan / No Co-Maker Needed
- ☐ Loan your Share Plan P10,000 (for Plantilla and CS) – Six (6) Months Mini Loan / No Co-Maker Needed
- ☐ Loan your Share Plan P20,000 (For Plantilla ONLY) – Twelve (12) Months Mini Loan / No Co-Maker Needed (Effective April 2025 to December 31, 2025)

MECHANICS:

- Check/Choose the Payment Plan indicated above.
- Submit this Flyer to our SBMA EWMPC Office located at Subic Gym to process the membership application.

*I hereby apply for membership in the SBMA-EWMPC under the
No Cash Out Membership Program*

Signature Over Printed Name



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☎ (63) 9171388787 Facsimile No. (6347-252-4294)



AUTHORIZATION FOR SALARY DEDUCTION

I, _____ as an active member of the Cooperative, hereby authorize the deduction of P_____ monthly from my SBMA payroll to be applied as follows:

Member Fee	=	P _____
Shares Deposits	=	_____
Loan Payment	=	_____
Others	=	_____
TOTAL	=	P _____

New ☐

Change Allotment ☐

Date Signed: _____
Passbook No: _____

Signature over Printed Name

SBMA ID No: _____