



TABUK MULTIPURPOSE COOPERATIVE (TAMPCO) LABORATORY COOPERATIVE

#36 P. Burgos St. Dagupan Centro, Tabuk City, 3800 Kalinga

MEMBERSHIP APPLICATION FORM

2X2 ID

Picture

Grade & Section:		Account Number:	
Name of School:		School Address:	
Last Name	Given Name	Middle Name	
Home Address:		Birthday:	Gender:
Contact Number:		Email Address:	
Name of Father:		Name of Mother:	
Name of Guardian:			

A **TAMPCO LABORATORY COOPERATIVE** member's Promise...

As a member of TAMPCO Laboratory Cooperative, I promise...

- To participate actively in TAMPCO LABORATORY COOPERATIVE activities;
- To prepare all school and community projects to the best of my ability, basing them on the TAMPCO Laboratory Cooperative & Aflatoun motto, "Separate Fiction from Fact, Explore, Think, Investigate, and Act."
- To encourage friends/schoolmates to join in the savings program so they can see and reap the benefits the TAMPCO LABORATORY COOPERATIVE membership offers;
- To adhere to the guidelines set for the membership and savings activity;
- To save at least weekly for my future;
- To be aware that I am saving for my future, thus, I will avoid any unwanted withdrawals for petty expenses.

<p>By my signature below, I agree to the terms & conditions of the TAMPCO LABORATORY COOPERATIVE.</p> <p>_____</p> <p style="text-align: center;">Name & Signature of Applicant</p>	<p>By my signature below, I certify that my child has joined the TAMPCO LABORATORY COOPERATIVE Child-Friendly Savings. As a parent/guardian, I will ensure that my child receives proper guidance and support.</p> <p>_____</p> <p style="text-align: center;">Name & Signature of Parent/Guardian</p> <p>Contact No: _____</p>
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