



SKYLabCoop

SAN JOSE DEL MONTE KIDDIE AND YOUTH LABORATORY COOPERATIVE
LABORATORY COOPERATIVE OF SAN JOSE KOOP

Grade & Section

MEMBERSHIP APPLICATION FORM

THE BOARD OF DIRECTORS

SJDM KIDDIE AND YOUTH LABORATORY COOPERATIVE
Poblacion 1. San Jose del Monte, Bulacan.

Subject: APPLICATION OF MEMBERSHIP

Share Cap: _____	1x1 or 2x2 Recent ID Picture
Mem. Fee: _____	
I.D: _____	
Savings: _____	
TOTAL: _____	

ACCT. NO. : _____

I hereby apply for membership in SAN JOSE DEL MONTE KIDDIE AND YOUTH LABORATORY COOPERATIVE (SKYLabCoop). I agree to obey faithfully the rules and regulations of the program as set down in its Article of Cooperation and By-laws, guidelines and the decision of the General Assembly membership meetings and those of the Board of Directors.

DATA SHEET (PLEASE ACCOMPLISH ALL INFORMATIONS:)

(First Name):		(Middle Name):	
(Last Name):		Birthday MM DD YY <input type="text"/> <input type="text"/> <input type="text"/>	Birth Place
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Complete Address:	Zip Code
Telephone (Area Code + no.)		Mobile Phone No.	Email Address
Name of School:		Educational Attainment <input type="checkbox"/> Pre – School <input type="checkbox"/> High School <input type="checkbox"/> Elementary <input type="checkbox"/> College	
(Father / Guardian 1):		(Contact No.):	
(Mother / Guardian 2):		(Contact No.):	
(For withdrawals, please indicate the name of your authorize guardian <u>co-signatory</u>):		(Signature):	

I _____, hereby certify that the foregoing information are true and correct to the best of my knowledge and belief.

Signed this _____ day of _____, _____ at _____.

Very truly yours,

Signature over Printed Name

CONFORME AND GIVING MY CONSENT ON THE MEMBERSHIP OF MY CHILD IN
SAN JOSE DEL MONTE KIDDIE AND YOUTH LABORATORY COOPERATIVE:

Signature over Printed Name of Parent / Guardian