



**PHILIPPINE AIR TRAFFIC  
CONTROLLERS' MULTI - PURPOSE  
COOPERATIVE (PATCOMC)**



CAAP Compound  
NAIA Road, Pasay City  
Mobile : + 63 926 279 3144  
Mobile : + 63 926 757 5977

**MEMBERSHIP APPLICATION**

Date : \_\_\_\_\_

To : THE PATCOMC BOARD OF DIRECTORS

Dearest Directors,

Request that I may be granted membership in the PHILIPPINE AIR TRAFFIC CONTROLLERS' MULTI - PURPOSE COOPERATIVE (PATCOMC).



**PERSONAL INFORMATION**

SURNAME _____	Gender _____
FIRST NAME _____	Date of Birth _____
MIDDLE NAME _____	Place of Birth _____
Present Address _____	Marital Status _____
_____ Owned _____ Rented _____ Living with Parents/ Relatives	Name of Spouse (if Married) _____

**EMPLOYMENT**

Type of Employment  
 Government  Private  Retired  
 Employment Status  
 Permanent / Regular  Job Order  
 CAAP Unit : \_\_\_\_\_  
 Posiiton : \_\_\_\_\_ Years in Service \_\_\_\_\_  
 Place of Assignment / Office Address  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTACT INFORMATION**

Mobile No. : \_\_\_\_\_  
 Home Phone No. : \_\_\_\_\_  
 Office Phone No. : \_\_\_\_\_  
 E - mail Address : \_\_\_\_\_  
 FB Account : \_\_\_\_\_

**APPLICATION TYPE**

New Member  Re - Activate  
 Transfer From \_\_\_\_\_ to \_\_\_\_\_

**BENEFICIARIES**

Full Name (Last, First, Middle)	Date of Birth	Relationship to the Member
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

\* Disclaimer : if no beneficiaries nominated, PATCOMC will follow the legal heirs based on hierarchy rule: spouse for married & parents for single \*

**PAID - UP CAPITAL BUILD UP PLEDGE**

I declare that the information herein above written is correct, further I have read and understood the policies & rules of PATCOMC I also agree to the terms and conditions therein contained.

I hereby subscribe for atleast eighty (80) shares value at eight thousand (Php 8,000.00) and paying for them in either lump sum or in regular installments; to pay at least two (2) shares monthly or one (1) share per payday on the 15th and the last day of the month

This serves as an authorizaion for salary deduction for capital contribution and any future loan amortization to be paid to PATCOMC hereafter. I acknowledge that I have read, understood and / or have been duly informed of the terms and condioions pertaining to the data privacy practices of the Cooperaitve. In all of the above undertakings, I an aware that the Board of Directors and PATCOMC may impose sanction againts me of perform any acts necessary to make the sanction/s effective without going to court.

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date

Date Approved and Resoluiton _____ Approved _____ PATCOMC Chairperson Recorded _____ PATCOMC Board Secretary	CID : _____ Account No. _____ Paid -up Capital _____ Savings (Regular) _____ MBOP (Damayan) _____ Date of Payment _____ Reference (O.R / CV) _____
Received : _____ Date: _____ Processed: _____ Date: _____	