



Nueva Segovia Consortium of Cooperatives

MEMBERSHIP FORM

FOR REGULAR MEMBERS (PRIMARY COOPERATIVES)

Name of Cooperative:

Address:

Telephone No.

Fax No.

Email-ad

Date Organized:

Area of Operation:

Date Registered:

Business undertakings

Number of Branches:

() Savings & Credit

() Marketing/Trading

Number of Employees:

() Merchandise/Grocery

() Production

No. of Regular Members

() Others: _____

No. of Associate
Members

Financial Update: as of

AFFILIATIONS / EXISTING MEMBERSHIP

Total Assets:

Total Share Capital:

Total Deposit Liabilities:

Total Net Surplus:

NAME OF CHAIRMAN:

CONTACT NO.

NAME OF MANAGER:

CONTACT NO.

Prepared by:

Position:

Noted:

Manager

Date: _____

(Name of Cooperative)

(Address)

Date: _____

THE CEO & BOARD OF DIRECTORS
Nueva Segovia Consortium of Cooperatives
Vigan City, Ilocos Sur

Subject: Letter of Intent to become a member of NSCC

Sir/Madam:

Greetings!

Our Cooperative hereby agrees to apply and become a regular member of the NUEVA SEGOVIA CONSORTIUM OF COOPERATIVES. Attached are documentary requirements to support our application:

1. Board Resolution
2. Filled up Membership Form
3. Copy of CDA Registration
4. Copy of Articles of Cooperation and By-laws
5. Copy of BIR Certificate of Registration
6. Latest Audited Financial Statements
7. Latest Interim Financial Statements
8. List of Officers
9. Latest Annual Report
10. Membership Fee of Php 500.00 and Share Capital Contribution of Php 10,000.00
11. Tax Exemption Certificate

We look forward to your approval on our application for membership.

Thank you very much!

Very truly yours,

(Authorized Representative)

Excerpts from the Minutes of the regular meeting of the Board Of Directors of
_____ held on _____ at
_____.

RESOLUTION NO. _____
Series of 2 _____

RESOLUTION APPLYING FOR MEMBERSHIP WITH NUEVA SEGOVIA CONSORTIUM OF COOPERATIVES

Whereas, _____ (Cooperative) is interested to become a member of Nueva Segovia Consortium of Cooperatives to avail its programs and services;

Whereas, the Cooperative believes that being an affiliate of NSCC can be an opportunity to promote its programs and services as well as to develop linkage or network with other cooperatives and network;

NOW THEREFORE, on motion duly approved and seconded by the majority, be it resolved as it is hereby resolved, that _____ (Cooperative) to apply for accreditation or membership with Nueva Segovia Consortium of Cooperatives.

RESOLVED FINALLY, to authorize the following officers to transact business with NSCC and sign pertinent papers for and in behalf of the cooperative:

NAME	POSITION	SIGNATURE
1. _____	_____	_____
2. _____	_____	_____

Approved unanimously.

Done this _____ of _____ .

Certified true and correct:

SECRETARY

Attested:

Chairman

Vice-chairman

Member

Member

Member

Member



Nueva Segovia Consortium of Cooperatives

Membership Requirements

- + Board Resolution signifying intention to become a member with the authorized signatories to transact.
- + Filled-up Membership Form with Specimen Signature Sheet
- + Copy of CDA Registration
- + Copy of CDA Certificate of Compliance
- + Copy of BIR Certificate of Registration
- + Copy of Articles of Cooperation and By-laws
- + Latest Audited Financial Statement
- + Latest Interim Financial Statement
- + List of Officers
- + Latest Annual Report
- + Membership Fee of Php500.00 and Share Capital Contribution of Php10,000.00
- + Tax Exemption Certificate

NSCC- 077-6740267

Jeremy Rigucera/Rosemarie Peralta/Lourdes Torreno/Michelle Pagud
Contact no.09175111683/0955211117/09165416613/09171123848

Email Add:
rigucerajeremy@yahoo.com/nsccgsso@gmail.com/coopnscctraining@gmail.com

ADDRESS:
Nueva Segovia Consortium of Cooperatives
NSCC Plaza Hotel and Convention Center
Don Alejandro Quirolgico, Caoayan Ilocos Sur

Bank Account:
Landbank Vigan Branch

Account Name: Nueva Segovia Consortium of Cooperatives
Account No.:
0402-0006-60