



# MICRO-ENTREPRENEURS' MULTI-PURPOSE COOPERATIVE

"Helping people help themselves"

## CERTIFICATE OF CANDIDACY

Date of filling: \_\_\_\_\_

### PERSONAL DATA:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Status: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Educational Attainment: \_\_\_\_\_

Course/Degree Earned: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

### BUSINESS DATA:

Type of business: \_\_\_\_\_ No. of years in business: \_\_\_\_\_

Place of business: \_\_\_\_\_

### MEMBERSHIP DATA:

Center Name: \_\_\_\_\_ No. of Cycles w/ MEMPCO: \_\_\_\_\_

Loan amount (present cycle): \_\_\_\_\_

Present position in Center: \_\_\_\_\_

Previous position/s assumed: \_\_\_\_\_

POSITION SOUGHT FOR: \_\_\_\_\_

\_\_\_\_\_  
Signature Over Printed Name of Member

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*To be accomplished by ELECTION COMMITTEE:*

No. of cycle w/ MEMPCO: \_\_\_\_\_ Delinquency Record:  YES  NONE

REMARK:  Qualified  Disqualified

Reason/s for disqualification: \_\_\_\_\_  
\_\_\_\_\_.

Verified by:

\_\_\_\_\_  
Chairperson – Screening  
Signature over Printed Name

\_\_\_\_\_  
Member – Screening  
Signature over Printed Name

\_\_\_\_\_  
Member – Screening  
Signature over Printed Name

**NOTE: BARANGAY CERTIFICATE AND COMMUNITY TAX CERTIFICATE ARE NO LONGER REQUIRED DUE TO PANDEMIC.**