



MEMBERSHIP APPLICATION

Member Number: _____

Employee Number: _____

Date: _____

I request to be a member of the **Cooperativa de Ahorro y Crédito Rafael Carrión, Jr.** (the Cooperativa) subject to the provisions of the Incorporation Clauses and its Regulations.

APPLICANT INFORMATION

Name: _____ **Date of Birth:** _____
Surname Name Social Security: _____

Address: _____
Home Address

Address: _____
Postal

Cellular Phone: _____ **Work Phone:** _____ **Ext.** _____

Personal Email: _____ **Work Email:** _____

Delivery Code: _____ **Cost Center:** _____ **Unit/Company:** _____

Genre: F M Other **Preferred Language** Spanish English **Marital Status** Married Separated Unmarried **Statements** Electronic Printed

I hereby authorize the Cooperativa to deduct from each payroll the following:

Shares: \$ _____ **Savings:** \$ _____

How did you find out about us? Social Networks Employee Orientation Banner in Building Coworker Others: _____

Referred By: _____ **Member Number:** _____
Name of the Member who referred you Membership Number of who referred you

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize the **Cooperativa de Ahorro y Crédito Rafael Carrión, Jr.** to deposit into the indicated account any credit resulting from my transactions with the Cooperative. The deposit notice will include information about the transaction made and will serve as the official receipt of my transaction

Member/ Employee Signature Account Number Bank Name

FOR THE COOPERATIVA USE ONLY

Approved Declined **Declined Reason:** _____

Employee Signature: _____ **Date:** _____

Continue on the back.



REQUIREMENTS TO BECOME A MEMBER

Please send along with your membership application the following documents:

- Copy of valid driver's license or passport (in color)
- Evidence of Social Security Number
- Evidence of physical and postal address (AAA, AEE, or Cable TV bill)
- Screen capture of your profile on Who's Who

MEMBERS' RIGHTS

In accordance with Article 4.02 of Law 255, members of any cooperative enjoy the following rights and privileges:

- Participate with voice and vote in the general meetings of members, in an environment of equality, mutual respect, and decorum.
- Choose to hold positions in the governing bodies of the Cooperative and be selected for such purposes.
- Access the services offered by the Cooperative.
- Stay informed about the financial situation, operations, and activities of the cooperative through the corresponding reports.
- Examine, during office hours, the register of members and other books of the cooperative, as well as obtain copies or extracts of these, based on their interests as members.
- Know the status of their accounts, assets, and transactions in the cooperative.
- Participate equitably in the distribution of operational surpluses, if any, in accordance with the regulations approved by the general assembly.
- Receive, at the time of joining as a member, a copy of the Cooperative's regulations, as well as relevant account disclosures and operating rules.

The Corporación para la Supervisión y Seguro de Cooperativas de Puerto Rico (COSSEC) guarantees the safety of your shares and deposits up to \$250,000. However, please note that the Federal Government does not insure or guarantee your funds in this institution.

