

**PHILIPPINE MEDICAL ASSOCIATION**

North Avenue, Quezon City

Tel. Nos. 929-6951/929-6366/09178282468

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**APPLICATION FORM FOR EMERITUS MEMBERSHIP**

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_ Tel. No. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF ADMISSION TO PMA: \_\_\_\_\_

AGE: \_\_\_\_\_ PMA NO.: \_\_\_\_\_ PRC NO.: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

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ENDORSEMENT BY: *(Signature above printed name)*

\_\_\_\_\_  
COMPONENT SOCIETY

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

DATE: \_\_\_\_\_

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RECOMMENDING APPROVAL: *(Signature above printed name)*

\_\_\_\_\_  
Chairman  
Committee on Membership Service

\_\_\_\_\_  
Governor

Final Approval By:

\_\_\_\_\_  
Secretary General  
Philippine Medical Association

\_\_\_\_\_  
National Treasurer  
Philippine Medical Association

\_\_\_\_\_  
President  
Philippine Medical Association

Please attached copies of the following:

1. Birth Certificate or Passport
2. PMA identification Card (Xerox)
3. PRC I.D. Card (Xerox)