

PHILIPPINE MEDICAL ASSOCIATION
North Avenue, Quezon City
Tel. Nos. 929-6951/929-6366/09178282468
Website: www.pma.com.ph E-mail: philmedas@yahoo.com

REQUEST FOR TRANSFER

Date

DR. _____
President
_____ Medical Society

Dear Dr. _____:

May I request for transfer to the _____ Medical Society for the following reasons:

I am a former member of the _____ Medical Society, and my PMA No. is _____.

Thank you and with warm regards.

Very truly yours,

(Signature above printed name)

Present Address:

Note: This form to be accomplished in triplicate copy by the member.