

AFFILIATE SOCIETY FORM 17-001	
Name of Society	
Year Established	
Year Affiliated with the PMA	
Letterhead (jpg)	
Mission	
Vision	
What is the common field of interest that your society is engaged in ?	
Please provide an updated copy of your society's Constitution and By-Laws. Please include SEC Registration , if any.	
<p>As a society , do you conduct any of the following Continuing Professional Development (CPD) activities ?</p> <p>Modules Symposium Workshop Demonstration Lectures Journal Post-graduate Course Convention Training Program Others</p> <p>Please describe each to include frequency.</p>	
CPD Provider Number (if applicable)	
Is your society National In scope ?	
Please indicate all international affiliations/ recognitions	

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<p>Does your society have an existing training program ?</p> <p>Please describe based on the following : Brief description Duration of training Accreditation (if any) Certification Exam (if any)</p> <p>How do you mainly classify your society ? Please check one.</p>	<p>_____ Advocacy _____ Training</p>
<p>Please provide a list of your current membership directory. (AFFILIATE FORM 17-002)</p> <p>For PMA Members (At least 70% of the members), indicate the PMA number and component society.</p> <p>For non-PMA members (should not exceed 30%). Please identify occupation.</p>	
<p>Please describe your participation for the past three years (2014, 2015, 2016) with the following PMA activities :</p> <ol style="list-style-type: none"> 1. National Medicine Week 2. PMA Convention 3. Foundation Day 	
President 2017-2018	Name : Mobile Number : email address :
Secretary 2017-2018	Name : Mobile Number : email address :
Officers for 2017-2018	
Office	Address : Secretary : Contact Number : email address

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Deadline for Submission	August 21, 2017 emailed to philmedas@yahoo.com Attention to the Committee on Affiliate Societies. Hard copy to follow.