

**PHILIPPINE MEDICAL ASSOCIATION**

North Avenue, Quezon City

Tel Nos. 929-7361 / 929-6366 / 0917-822-1357

Website : www.philippinemedical association.org

E-mail: info@phillipinemedicalassociation.org

REQUEST FOR TRANSFER

\_\_\_\_\_ Date

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 th member.