

# APPLICATION FORM

## PHILIPPINE MEDICAL ASSOCIATION AMNESTY PROGRAM 2018

I, \_\_\_\_\_, MD of \_\_\_\_\_ Medical Society,  
with PMA Number \_\_\_\_\_, and PRC Number \_\_\_\_\_, am applying for the PMA Amnesty Program 2018.

I understand that I can avail of amnesty only once throughout my PMA membership. I declare that I have not availed of amnesty before. I understand that the PMA Amnesty Program 2018 is given by PMA in good faith as an opportunity for me to return to active membership status. In applying for PMA Amnesty Program 2018, I will pay the 2017-18 and 2018-19 PMA National and component society dues. I understand, accept, and agree to the following terms and conditions:

- **Mutual Aid Benefits (Death, Disability & Legal Aid):** Suspended for the first fiscal year (2019-20) following the fiscal year of reinstatement (2018-19). Reinstated members by special order or amnesty shall receive **Death and Disability Aid Benefits** as follows:
  1. Within the 1st year of reinstatement (2019-20), no benefit.
  2. Within the 2nd year of reinstatement (2020-21), 25%.
  3. Within the 3rd year of reinstatement (2021-22), 50%.
  4. Within the 4th year of reinstatement (2022-23), 75%.
  5. Within the 5th year of reinstatement (2023-24), 100%.
- **Right to vote and be voted upon:** Suspended for the first fiscal year (2019-20) following the fiscal year of reinstatement (2018-19), however to qualify to run for **National Office** a member must be in good standing for 5 consecutive years following reinstatement, or not earlier than 2025-26.
- **Eligibility for Life Membership:** To be eligible for life membership, a member needs to have continuous, uninterrupted payment of dues for 10 years from the year of reinstatement (2018-19). May be eligible for Life Membership on 2028-29 provided the member continues to be in good standing after amnesty availment.
- **Eligibility for Emeritus Membership:** To be eligible for emeritus membership, a member needs to have continuous, uninterrupted payment of dues for 15 years from the year of reinstatement (2018-19). May be eligible for Emeritus Membership on 2033-34 provided the member continues to be in good standing after amnesty availment.

Once my application for amnesty is approved and I have paid the 2017-18 and 2018-19 PMA and component society dues in full, I promise to be a responsible a member through timely payment of annual dues and become a member in good standing thereafter.

\_\_\_\_\_  
*Signature above printed name*  
**Member Applicant**

\_\_\_\_\_  
*Date*

Endorsed by:

\_\_\_\_\_  
*Signature above printed name*  
**Component Society President**

\_\_\_\_\_  
*Signature above printed name*  
**Component Society Treasurer**

*Note: This form is to be accomplished in duplicate copies - one receiving copy for the member and one copy for the component society to be submitted to PMA.*