



PHILIPPINE MEDICAL ASSOCIATION

PMA Bldg., North Avenue, Quezon City 1108
Tels. (632) 929-6366; 929-7371; 929-2447 Fax: (632) 929-6951

MEMBERSHIP FORM

PMA NO. _____

DATE _____ MM/DD/YYYY	PMA MEMBERSHIP DATE _____ <input type="checkbox"/> REGULAR <input type="checkbox"/> LIFE <input type="checkbox"/> EMERITUS	COMPONENT SOCIETY _____ <input type="checkbox"/> REGULAR <input type="checkbox"/> LIFE <input type="checkbox"/> EMERITUS
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LAST NAME FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME

MEDICAL SCHOOL GRADUATED: _____ DATE _____
OTHER ACADEMIC DEGREES & INSTITUTION: _____
PRC NO.: _____ Registration date _____ PHILHEALTH ACCREDITATION NO.: _____

POST GRADUATE TRAINING:

Residency/Fellowship in:	Institution	Inclusive dates

From Specialty/ Subspecialty Societies: Fellow Diplomate Full Training Incomplete Training
Specialty Board examination: Written: date passed _____ ORAL: date passed _____
From other societies/institutions: _____ Fellow Diplomate Full Training Incomplete Training
Examination: Written: date passed _____ No Training Seminar / workshop / experience
Oral: date passed _____

SPECIALTY SOCIETY: _____
SUBSPECIALTY SOCIETY: _____
AFFILIATE SOCIETY: _____
MEMBERSHIP IN OTHER SOCIETIES/ASSOCIATIONS: _____

In Practice Not Practicing General Practitioner Specialist with full training with incomplete training without training
Field of practice _____ Limited to certain procedures: _____

OFFICE/CLINIC ADDRESS	CLINIC HOURS	PHONE/CONTACT NO.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

HOSPITAL AFFILIATION/S AND ADDRESS/ES	PHONE/CONTACT NO.
1. _____	_____
2. _____	_____
3. _____	_____

BIRTH DATE: _____ AGE: _____ yrs. Male Female CIVIL STATUS: _____
NAME OF SPOUSE (if married): _____ OCCUPATION: _____
NO. OF CHILDREN: _____
NAME OF BENEFICIARY/IES AND RELATIONS: _____

RESIDENTIAL ADDRESS: _____ ZIP Code _____

TELEPHONE NO. RESIDENCE: _____ MOBILE NO.: _____

FAX NO.: _____ EMAIL ADD: _____

SIGNATURE OF MEMBER _____ Date Signed _____

* Fill in spaces in **CAPITAL LETTERS**. Write **N.A.** if the data required are not applicable.