

	<b>AFFILIATE SOCIETY FORM 17-001</b>
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"> <li>1. National Medicine Week</li> <li>2. PMA Convention</li> <li>3. Foundation Day</li> </ol>	
<p>President</p>	<p>Name :  Mobile Number :  email address :</p>
<p>Secretary</p>	<p>Name :  Mobile Number :  email address :</p>
<p>Officers</p>	
<p>Office</p>	<p>Address :  Secretary :  Contact Number :  email address</p>