PHILIPPINE MEDICAL ASSOCIATION

North Avenue, Quezon City

Tel Nos. 8929-7361 / 8929-6366 / 0927-5806903

Website: www.philippinemedicalassociation.org

Email: membership.pma@gmail.com, philmedas@yahoo.com

REQUEST FOR TRANSFER TO ANOTHER COMPONENT SOCIETY

To: _____

(Name of your Component Society President)

_____

(Name of your current Component Society)

Whereas, a member shall hold membership in only one component medical society located at the place of either his/her residence or his/her practice at the time of his/her admission to the component society;

Whereas, if a member should change his/her place of residence or his/her practice, he/she may transfer his/her component membership to the component society situated in the place of his/her residence or place of practice;

Therefore, I, _____ , a member of the

(Fullname of member: Last name, First name, Middle name)

_____ , respectfully request transfer to

(Name of Component Society you currently belong)

_____ , which is situated in my:

(Name of Component Society you wish to transfer)

☐ **Place of Residence** ☐ **Place of Practice**

_____ _____

Signature of member **Date**

PMA Number: _____

PRC Number: _____

Complete Address: _____

Contact Number (s): _____

(This form shall be accomplished by the member in triplicate. One copy for the previous component society. One copy for the receiving component society. One copy for the PMA Secretariat)