



Philippine Medical Association

Member: World Medical Association (WMA)
Co-founder: Confederation of Medical Association of Asia and Oceania (CMAAO)
Co-founder: Medical Association of Southeast Asian Nations (MASEAN)

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MEMBER REGISTRATION FORM

PMA Number

Date:

D

D

M

M

Y

Y

Y

Y

PMA Membership Category

Regular

Life

Emeritus

Component Society

PERSONAL INFORMATION

Last Name

First Name

Middle Name

Date of Birth

D

D

M

M

Y

Y

Y

Y

Gender

Male

Female

House No., Street

Barangay/Sitio

Town

Province

Contact No.

Email

Mother's Maiden Name

Civil Status

Name of Spouse

Name of Beneficiary

Contact No. of Beneficiary

EDUCATION AND TRAINING

Medical School Graduated

Date Graduated

Residency / Fellowship in

Training Institution

Inclusive Dates

Specialty Society

Subspecialty Society

Affiliate Society

Other Society / Association

PROFESSIONAL CREDENTIALS

PRC Number

Registration Date

Valid Until

PhilHealth Accreditation No.

MEDICAL PRACTICE MAPPING

Field of Medical Practice

Office / Clinic Complete Address (Number/Room/Building, Street, Barangay, Sitio, Town, Province)

Contact Number

1

2

3

4

I certify that the above information is true
and correct to the best of my knowledge.

Signature