



PHILIPPINE MEDICAL ASSOCIATION

Theme: NAGKAKAISANG PMA: HATID AY KALUSUGAN PARA SA LAHAT

Member : World Medical Association
Co-Founder : Confederation of Medical Associations in Asia and Oceania (CMAAO)
Medical Association of South East Asian Nations (MASEAN)
Secretariat : Philippine Medical Association Building, North Avenue, Quezon City 1105
Telephone Nos. : (02) 8929-7361; 8929-6366; 8926-2447 • Fax: (02) 8989-6951
Mobile Nos. : 0917-8221357; 0918-9234732 (**Secretariat**) • 0961-5823069 (**Membership**)
Email Address : philmedas@yahoo.com; philmedas@gmail.com • Website: www.philippinemedicalassociation.org

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Vice President

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Governor, Northeastern Luzon

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Governor, Southeastern Mindanao

NARIMAN LAO TAHA, MD
Governor, Northcentral Mindanao

ERIC T. MONTESCLAROS, MD
Governor, Caraga

January 28, 2026

MEMORANDUM CIRCULAR NO: 2026- 01-28-040

To: : **ALL COMPONENT AND
SPECIALTY DIVISIONS PRESIDENTS**

Subject : **PMA 31st GENERAL ASSEMBLY**

Dear Colleagues,

Greetings!

In preparation for the upcoming 31st General Assembly (GA) on May 15, 2026 we would like everyone to be reminded of the following:

A. Delegates to the General Assembly are the following:

1. PMA National Officers
2. Members of the Board of Governors
3. Component and Specialty Division Presidents or their representatives
4. General Assembly Officers

B. The President of the Component Society or Specialty Division shall automatically be the delegate to the assembly. If the President cannot represent the component society or the specialty division, the following hierarchy should be followed in the determination of the alternate delegate. Vice-President or any elected officer of the society or an alternate delegate duly elected shall take his place.

C. If a Component Society has more than one thousand (1000) members, such society is entitled to an additional one delegate for every five hundred (500) members in excess of the one thousand (1000) members. Such additional delegates shall be elected by the members of such component society during their national and local election. If those elected additional delegates are unable to attend, an alternate delegate duly elected by its Board shall represent the component society. The members of component society are those listed on the voters list.



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Governor, Northcentral Mindanao

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Governor, Caraga

D. Any President of the Component Society and Specialty Division who is unable to attend shall complete the **Official Alternate Delegate Form** designating his duly authorized representative and send it to pmageneralassembly2023@gmail.com 30 days (April 15, 2026) prior to the general assembly set on May 15, 2026, Garden Ballroom, EDSA Shangri-La, Mandaluyong City. Start of Registration is 7:00am, doors closed at 8:15am. Roll call of delegates starts at 8:30am to determine the quorum. Another roll call will be conducted in the afternoon before the start of the election of officers for the next General Assembly. **FOR STRICT COMPLIANCE.**

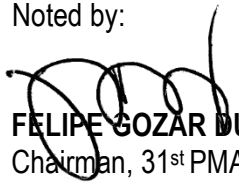
E. The hotel accommodation subsidy for this General Assembly has been increased to Four Thousand pesos (Php 4, 000). Land, air and sea transportation expenses will be reimbursed in full. Accomplished reimbursement forms must be submitted pma1903acctg@gmail.com for prompt processing of payments.

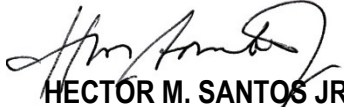
For questions and clarifications, please contract Ms Mariz at 09189234732.

Kind regards,


LORENZO BERNARDINO, MD
Secretary, 31st PMA General Assembly

Noted by:


FELIPE GOZAR DUQUE, MD
Chairman, 31st PMA General Assembly


HECTOR M. SANTOS JR., MD
President



PMA 31st GENERAL ASSEMBLY'S OFFICIAL DELEGATES

May 15, 2025, Garden Ballroom, Edsa Shangri-La, Mandaluyong City

OFFICIAL ALTERNATE DELEGATE FORM

Date: _____

COMPONENT SOCIETY: _____

Component President Name/Signature: _____

Authorized Representative Name/Signature: _____

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PMA 31st GENERAL ASSEMBLY'S OFFICIAL DELEGATES

May 15, 2025, Garden Ballroom, Edsa Shangri-La, Mandaluyong City

OFFICIAL ALTERNATE DELEGATE FORM

Date: _____

SPECIALTY DIVISIONS: _____

Specialty Division President Name/Signature: _____

Authorized Representative Name/Signature: _____