



## PHILIPPINE MEDICAL ASSOCIATION

North Avenue, Quezon City

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### 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 residence or his practice at the time of his admission to the component society;

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

Therefore, I, \_\_\_\_\_, a member of the  
(Full name 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.)