

**Philippine Society for Microbiology and Infectious Diseases, Inc.**  
**#116 9<sup>th</sup> Avenue, Cubao, Quezon City**

**ASSOCIATE MEMBERSHIP APPLICATION FORM**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ CIVIL STATUS: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
CELL PHONE NO. \_\_\_\_\_  
CLINICAL ADDRESS: \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

<b>ACADEMIC DEGREE</b>	<b>UNIVERSITY / INSTITUTION</b>	<b>YEAR GRADUATED</b>
Medical Degree	_____	_____
Internship	_____	_____
Residency (state specialty)	_____	_____
_____	_____	_____
Post Residency Training	_____	_____
_____	_____	_____
_____	_____	_____

<b>LICENSURE EXAMINATION</b>	<b>YEAR PASSED</b>
_____	_____
_____	_____

**PRESENT POSTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACADEMIC HONORS, RESEARCH FELLOWSHIP, AWARDS (include dates)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP IN PROFFESIONAL MEDICAL ORGANIZATIONS**  
**(Indicate if present or past officer, dates)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST OF RESEARCH WORKS (PUBLISHED): (Include authors/titles, name of publication, year, volume, pages. Use additional sheet if necessary).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- CHECKLIST OF REQUIREMENTS:\***
- 2" x 2" picture
  - Photocopy of PRC ID card / PMA ID
  - Photocopy of the following documents:
    - (a) Certificate from College of Medicine
    - (b) Certificate of Internship

**\*PAPERS WITH INCOMPLETE REQUIREMENTS WILL NOT BE PROCESSED.**

2 X 2  
PICTURE

\_\_\_\_\_  
Signature of Applicant

PRC REGISTRATION: Number \_\_\_\_\_  
Date issued \_\_\_\_\_

PMA No. \_\_\_\_\_  
Date issued \_\_\_\_\_

**ENDORSEMENTS From PSMID FELLOWS:**

\_\_\_\_\_  
PRINTED NAME AND SIGNATURE

\_\_\_\_\_  
PRINTED NAME AND SIGNATURE

**FOR PSMID USE ONLY**

DATE OF APPLICATION: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_

O.R. NO. \_\_\_\_\_  
AMOUNT PAID \_\_\_\_\_

- ( ) Approved for Membership
- ( ) Disapproved. For further evaluation

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Chairman, Committee on Membership

\_\_\_\_\_  
Date

