PHILIPPINE ACADEMY OF AESTHETIC AND AGE MANAGEMENT MEDICINE, INC.

"An Affiliate Society of Philippine Medical Association (PMA)"

Unit 35 B, Beijing Tower, The Capital Towers, #222 E. Rodriguez Sr., Ave., Brgy. Kalusugan, Quezon City

Contact Nos: 0977-8064659; 0998-5684158

E-mail address : paaammi12@yahoo.com.ph

MEMBERSHIP FORM

Name ____

Residence Address: ____

Telephone Number: _______________ Mobile Number:__________________ Email:____________________

Office Address: ____

Telephone Number: ________________ Mobile Number: _________________ Email: __________________

Birthday: __________ Birthplace: ___________ Civil Status: _________ Sex: _______ Height: _________

Spouse Name: _________________________________ Number of Dependents: ____________________

PRE-MEDICAL EDUCATION

School/Universityy:____ Year Graduated_______

MEDICAL EDUCATION

School/ University: ____

Degree: _______________________________________ Year Graduated: ____________________________

Internship: ____________________________________ Year Graduated: _____________________________

MEDICAL BOARD EXAMINATION

License Number: ______________________ Year: _______________________

PMA Number: ________________________ Year: ________________________

PMA Component Society: ____

POST GRADUATE TRAINING

Institution: ____ Year: ____________________

Residency: _______________________________________ Fellowship: ______________________________

HOSPITAL AFFILIATION/ CLINICAL PRACTICE (CLINICS)

1.____ 2. ___________________________________

MEDICAL SOCIETIES AND ASSOCIATION

1. ____ 2. _______________________________________

FACULTY OF ANY MEDICAL SCHOOL (DEPARTMENT AND TEACHING POSITION)

1. ____ 2. _______________________________________

FIELDS OF SPECIALTY/ SUB SPECIALTY (if any)

1. ____ 2. ___________________________________

In submitting this application to be a member of Philippine Academy of Aesthetic & Age Management Medicine, Inc. I agree to abide by the Constitution and By-laws of the Association and such rules and regulations here forth be enacted.

____ ________________________

Applicant's Signature Date

- **Fill all the blanks or put N/A**

MEMBERSHIP STATUS

Recommended ( ) Not Recommended ( ) Deferred ( )

Approved by: Maria Ellery Mendez, MD ____________________
Membership Head Date

Documents Required for PAAAMMI'S membership
MANDATORY REQUIREMENTS :

1. Updated Curriculum Vitae
2. Medical Degree Diploma
3. PRC Diploma
4. PRC I.D.
5. PMA I.D.
6. **Recent photos: half body size picture (3x4) in doctor's coat/blazer– white background**

ADDITIONAL BUT IMPORTANT REQUIREMENTS :

6. Charter - PMA society I.D. or certificate
7. Residency Training Diploma / Certificate
8. Specialty Training Diploma / Certificate
9. Preceptorials (Preceptorships) Training Certificates
10. Various Conventions, Scientific Symposiums, Certificates
11. Other Medical Society Memberships Diploma / Certificate

( ) Fully accomplished Application form

( ) Membership fee Php5,000.00

- Preferably check: Payable to
- Account Name: **Philippine Academy of Aesthetic and Age Management Medicine, Inc**
- Account No.: **00-4700-113-165**
- Bank: **BDO-Scout Limbaga, Tomas Morato Branch**