



PHILIPPINE MEDICAL ASSOCIATION OF MICHIGAN
Membership Application / Renewal Form

Date:

To ensure an accurate Membership Directory, please make sure to enter your name, current address and any other applicable information below.

PLEASE NOTE THAT THIS MEMBERSHIP APPLICATION/RENEWAL FORM IS ELECTRONICALLY FILLABLE.

Name (First/Middle/Last):

Spouse (if applicable) :

Preferred Address (home or office)

Street:

City:

State:

Zip Code:

Home/office Phone:

Cell Phone:

Email:

Specialty:

Hospital Affiliations: *(if applicable)*

Medical School:

Year graduated:

TYPES OF MEMBERSHIP		AMOUNT ENCLOSED	
Lifetime member <i>(Paid in Full)</i>	\$500.00	<input type="checkbox"/>	\$500.00
or 2 Year Installment <i>(\$250/Year)</i>	\$250.00	<input type="checkbox"/>	\$250.00
Full member <i>(per Year)</i>	\$50.00	<input type="checkbox"/>	\$ 50.00
Physician-in-Training <i>(per Year)</i>	FREE	N/A	N/A
Medical student	FREE	N/A	
_____	_____	_____	

Lifetime Membership can be paid in Full or by Installment in two (2) consecutive years in the amount of \$250.00 (dollars) per year.

INSTRUCTIONS: Please fill up this FORM using your **COMPUTER**.

IF PAYING BY CHECK: Mail your check payable to PMAM to:

ROBERT O. GO, M.D.

PMAM Treasurer

2176 Hidden Forest Drive, Troy, Michigan 48098

IF PAYING BY ZELLE: Please send payment to TREASURER@PMAM1964.ORG. Please make sure to specify in comments if this is a new membership or a renewal.

PLEASE EMAIL completed **Electronic Membership Application/Renewal Form** to: robertgodr@gmail.com to update your PMAM Membership Profile. You may also mail a printed copy of this form to Dr. Go, if you prefer.

FOR NEW MEMBERS: PLEASE ALSO ATTACH A COPY OF YOUR MEDICAL SCHOOL DIPLOMA OR PROOF OF GRADUATION