

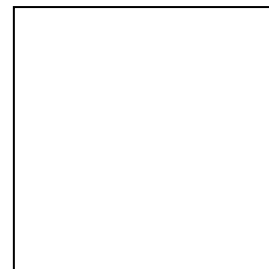
PHILIPPINE SOCIETY OF CLIMACTERIC MEDICINE, INC.

G/F POGS Bldg., 56 Malakas Street, Diliman, Quezon City

Tel. No.: (02) 8287-6288

0917-5823384

Email: pscm2012@gmail.com



Fax No. : _____ E-Mail Address: _____

Tel. number (Clinic): _____

Cell phone No. : _____

DATE AND YEAR OF MEMBERSHIP: _____

NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____

TEL. NO. _____ SPECIALTY/SUBSPECIALTY: _____

BIRTH DATE: _____ STATUS: _____ CITIZENSHIP: _____

PRC ID #: _____ PMA ID #: _____

DOCTOR OF MEDICINE: _____
SCHOOL YEAR

NAME OF HOSPITAL/OFFICE/INSTITUTION AFFILIATED WITH:

POSITION/DESIGNATION:

Preferred mailing address:

☐ House ☐ Hospital _____

I would like to apply as member of the International Menopause Society (IMS).

☐ Yes ☐ No

I respectfully apply as member of the Philippine Society of Climacteric Medicine.

Applicant Name / Signature

ATTESTED:

President, Philippine Society of Climacteric Medicine

Secretary, Philippine Society of Climacteric Medicine

Note: Kindly complete all the information's needed. Membership fee is P1,500