



PHILIPPINE SOCIETY OF ONCOLOGISTS, INC.

Room 803 North Tower, Cathedral Heights Building Complex, St. Luke's Medical Center,
E. Rodriguez Sr., Avenue, Quezon City 1102
Telephone # 8723-0301 loc.5803 / Viber: 0916-235-1334
Email: psa_secretariat@yahoo.com.ph

APPLICATION FOR MEMBERSHIP

Name: _____ Age: 3 _____
First Name Middle Name Surname
Birthdate (mm/dd/yyyy): _____ Nationality: _____ Civil Status: _____
Home Address: _____
Home Tel: _____ Cell #: _____
Office Address: _____
Office Tel. #: _____ Fax #: _____
Email: _____ PMA #: _____ PRC #: _____

EDUCATION:

Degree: _____ School: _____ Yr Graduated: _____
Medical School: _____
Post-graduate Degree (If any): _____

CLINICAL TRAINING:

Residency / Where / Year Graduated: _____
Fellowship / Where / Year Graduated: _____

Research Done Related to Oncology:

Academic Affiliations:

Membership to Specialty Societies / Position if any:

Honors & Distinctions:

RECOMMENDED BY:

Name 1: _____ Position / Title: _____

Address: _____

Contact #: _____ Signature: _____

Name 2: _____ Position / Title: _____

Address: _____

Contact #: _____ Signature: _____

Name and Signature of Applicant: _____

REQUIREMENTS SUBMITTED:

	Diploma for non-physician
	Diploma in Medical School
	Certificate of Residency Training
	Certificate of Fellowship Training
	Updated PRC ID
	Certificate of Bona fide PMA Member
	Recent ID Picture 1.5 x1.5
	Letter of Recommendation of (2) PSO Members in good standing
	Application Fee (P1,500)

Specialty Society OR # _____ Date Paid _____

*Kindly facilitate payment payable to:****Philippine Society of Oncologists, Inc.******Bank of the Philippine Islands******St. Luke's Branch******Account no.: 3891-000-641*******Please send a copy of proof of payment via email or viber.*****APPROVED MEMBERSHIP CATEGORY:**

Fellow _____

Affiliate Fellow _____

Senior Fellow _____

Corresponding Member _____

Honorary Member _____

Date Approved: _____