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**PHOTO**

**PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY**

**(Foundation), INC.**

**JUNIOR MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
| Date submitted |  |

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| --- | --- | --- |
|  |  |  |
| Surname | First Name | Middle Name |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Home Address |  | | | | | | | |
| Main Clinic Address |  | | | | | | | |
| E-mail address |  | | |  | Preferred Mailing address  **(pls check)** | | Home | Main Clinic |
| Residence Tel. No. |  | | |  |  |  |
| PRC Number |  | | |  | Mobile Number | |  | |
| Date of Licensure |  | | |  | Date of Birth | |  | |
| PMA Number |  | | |  | Place of Birth | |  | |
| Component Medical Society |  | | |  | Citizenship | |  | |
| Doctor of Medicine |  | | |  | Civil Status | |  | |
| Year graduated |  | | |  | Region | |  | |
|  | | | | | | | | |
| **Residency Training Program** | | | | | | | | |
| Hospital | | From | To | | | Name of Department Chair | | |
|  | |  |  | | |  | | |
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| **ATTESTED BY:**  Name and Signature of the Current Department Chair | | | | | |  | | |

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| **REGIONAL DIRECTOR**  (Outside Metro Manila) |  | **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify to the correctness of the above-information and by submitting my personal information, I confirm my consent to POGS, processing my personal information for the purposes as stated in our privacy policy.**  **In witness whereof, I hereunto set my signature this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of applicant** |
|  |
| Name and Signature of Regional Director |
|  |
| **REMARKS:**  Application received by:  Application fee (P3,000.00)  OR. Number:  Date Paid: |