



PHILIPPINE SOCIETY FOR REPRODUCTIVE MEDICINE, INC.

G/F POGS Bldg. #56 Malakas St., Brgy. Pinayahan, Diliman, Quezon City

MEMBERSHIP FORM

DATE APPLIED: Click or tap to enter a date.

APPLICATION: Written Exam
 Oral Exam
 Associate Membership

ATTACH PHOTO

2X2

I. PERSONAL INFORMATION

Name: _____
(Last Name) (First Name) (Middle Name)

HOME ADDRESS _____

OFFICE ADDRESS _____

CONTACT DETAILS

TEL. NO: _____ **DATE OF BIRTH:** _____

MOBILE NO.: _____ **BIRTHPLACE:** _____

EMAIL ADDRESS: _____ **NATIONALITY:** _____

II. MEDICAL EDUCATION

	Name of School/University	Year
Doctor of Medicine		

III. RESIDENCY TRAINING

Institution	Chairman, OB-GYN Dept.	From	To

IV. FELLOWSHIP TRAINING OR PRECEPTORSHIP

Institution	Chairman	Section Chief	From	To

V. MEMBERSHIP IN POGS

- Non-member Diplomate Fellow
 Junior member Honorary Member

VI. Other Scientific Societies

Society	Inclusive Dates

IMPORTANT REMINDER

The Philippine Society for Reproductive Medicine, Inc. collects and processes information about its members. The Data Privacy Act of 2012 requires your agreement before this can be done. In signing this form, you are giving consent for your personal and sensitive information to be processed under the rules and safeguards laid down by the Data Privacy Act of 2012. The Philippine Society for Reproductive Medicine, Inc. has procedures in place to ensure that all information held about you will be dealt with confidentiality, held securely and only processed in accordance with the Philippine Society for Reproductive Medicine, Inc's notification to National Privacy Commission, who administers the Act.

CERTIFICATION AND ACKNOWLEDGEMENT

I hereby certify that the above information written by me are true and correct to the best of my knowledge and belief.
 I authorize the Philippine Society for Reproductive Medicine, Inc. to thoroughly investigate the authenticity of all the documents presented. I further authorize the reference persons to disclose to the society any and all information they may have concerning my membership.
 I hereby release the company, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.
 I am giving my consent to the collection and processing of data in accordance thereto.

(Signature Over Printed Name)

Date