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: pso_secretariat@yahoo.com.ph

APPLICATION FOR MEMBERSHIP

Name:_____ Age: _____
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: _____

Related to Oncology:

_____
_____
_____

Academic Affiliations:
N/A_____
_____

Membership to Specialty Societies / Position if any:

_____

Honors & Distinctions:

_____

COMMENDED 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
	Certificate Fellowship of Specialty Society
	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)

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: _____