

The Philippine American Medical Association of Georgia  
Membership form

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Education: \_\_\_\_\_  
College: \_\_\_\_\_  
Post-graduate: \_\_\_\_\_  
Medical School: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Spouse/Partner Name: \_\_\_\_\_  
Work/Hospital Affiliation: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Optional Information

Hobbies: \_\_\_\_\_  
Province in the Philippines: \_\_\_\_\_  
Children (Name, Age, School/Profession): \_\_\_\_\_

Area of Interest in PAMAG: Please Check One or More:  
 Medical Mission  CME  Scholarship  Books for the Barrios  
Other interests:

*Annual Membership Dues:*  
*\*Annual Membership Dues (Active Practice): \$ 100.00*  
*Annual Membership Dues (Retired MD) \$ 40.00*  
*Annual Membership for Medical Interns and Residents: Waived*  
*Annual Associate Membership Dues (Allied medical professionals) \$ 40.00*  
*\*Documents required for Active MDs: GA License and Certification/Diploma*

**CLICK TO PAY ONLINE: [PAMAG MEMBERSHIP DUES ONLINE](http://www.pamag.org)**  
**Make Check Payable to: PAMAG and Mail to: Dr. Romy Moriles, Pres.**  
**382 Emerald Trace, Jonesboro, GA 30236**

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*FOR MORE INFORMATION GO TO: [WWW.PAMAG.ORG](http://www.pamag.org)*  
*or Contact Dr. Cristine Amurao at [chestmdaugusta@gmail.com](mailto:chestmdaugusta@gmail.com)*

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