

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](#)
Make Check Payable to: PAMAG and Mail to: Dr. Romy Moriles, Pres.
382 Emerald Trace, Jonesboro, GA 30236

FOR MORE INFORMATION GO TO: WWW.PAMAG.US

or Contact Dr. Cristine Amurao at chestmdaugusta@gmail.com