PHILIPPINE SOCIETY OF HYPERTENSION, INC.

Unit 309 Amberland Plaza
Julia Vargas Avenue
Ortigas Centre, 1605 Pasig City

Tel. No. +632 687-2841 / 687-7073
Telefax +632 631-7970
Email Address: phihyper@pworld.net.ph

MEMBERSHIP FORM

NAME: _____
LASTNAME FIRSTNAME MI

PRC NO. | | | | | | | | PMA NO. | | | | | | | |

CIVIL STATUS: _____ BIRTHDATE: _____ BIRTHPLACE: _____

CLINIC ADDRESS: _____
_____
_____
TELEPHONE NO.: _____
FAX NO. _____
CELLPHONE NO.: _____

HOME ADDRESS: _____
_____
_____
TELEPHONE NO.: _____
FAX NO. _____
E-MAIL ADDRESS: _____

MEDICAL SCHOOL GRADUATED: _____
ADDRESS: _____
YEAR GRADUATED: _____ SPECIALTY: _____

MAJOR INTEREST: O CLINICAL O EDUCATION O RESEARCH
O OTHER SPECIFY: _____

CLINIC/HOSPITAL AFFILIATION: _____
TRAINING/POSTGRADUATE COURSE: _____
ACADEMIC POSITION: _____
MEMBERSHIP IN MEDICAL ASSOCIATIONS: _____

I hereby agree to abide by the rules and regulations of the **PHILIPPINE SOCIETY OF HYPERTENSION**

_____
Signature