**FORM MA – 1**

**A P P L I C A T I O N F O R M**

We, the of (Name of Medical Technology Student Organization)

(Name of Institution/School, Address)

is filing an application for **Membership** **Affiliation** to the

**Philippine Society of Medical Technology Students – National** for the

School Year 20\_\_ – 20 \_\_ 1st Semester SY 20\_\_ – 20 \_\_ 2nd Semester SY 20\_\_ – 20 \_\_.

In line with this, we deposited the amount

Amount in Words (Amount in Php)

to the PASMETH Bank Account No. **0171008131200**, Security Bank, UST Branch, España, Manila to represent the registration of \_\_\_ Medical Technology students and membership/affiliation of our organization to the PHISMETS – National.

|  |  |
| --- | --- |
| **Signed:** | **Date:** |
| (Signature over Printed Name)  **President** |  |
| (Signature over Printed Name)  **Adviser** |  |
| **Noted by:** |  |
| (Signature over Printed Name)  **Dean** |  |

**Date of Submission:**