



THE PHILIPPINE SOCIETY OF MEDICAL TECHNOLOGY STUDENTS

Website: <http://phismets-national.weebly.com>

Email: phismets_national@yahoo.com

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)

_____ of
(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: _____

in coordination with



PASMETH STUDENT DEVELOPMENT COMMITTEE