



THE PHILIPPINE SOCIETY OF MEDICAL TECHNOLOGY STUDENTS

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

Email: phismets_national@yahoo.com

FORM MA - 2

M E M B E R S H I P / A F F I L I A T I O N R E G I S T R A T I O N F O R M

Name of Organization: _____

Name of Institution/School: _____

Address: _____

List of Registering Members

Name (Surname, First Name M.I.)	Membership Fee: SY 20__ - 20__	
	1 st Semester	2 nd Semester
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in coordination with

PASMETH STUDENT DEVELOPMENT COMMITTEE



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		Total:	
		Grand Total:	
		Grand Total in Words:	

*****Note:** Use additional form/s for additional registering members

*****Reminder:** Attach scanned copy of the validated deposit receipt upon submission.

List of Officers and Adviser/s:

*****Note:** We request you to provide us your contact number (mobile or landline) and/or e-mail address in case we have questions regarding your requirements.

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