



# EMERITUS MEMBERSHIP APPLICATION FORM

Last Name	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Address	<input type="text"/>
Telephone No.	<input type="text"/>
Date of Birth	<input type="text"/>
Date of Admission to PMA	<input type="text"/>
Age	<input type="text"/>
COMPONENT SOCIETY	<input type="text"/>
PMA Number	<input type="text"/>
PRC Number	<input type="text"/>
Specialty	<input type="text"/>
Component Society	<input type="text"/>
BIRTH CERTIFICATE or PASSPORT	<input type="text"/>
PMA Identification Card	<input type="text"/>
PRC ID Card	<input type="text"/>

Dear PMA,  
I have reached the age of 65 last \_\_\_\_\_. I have been a member of good standing of the Association for the past \_\_\_\_ years. I would like to request for reclassification as EMERITUS MEMBER .

*Signature of Member*

### 6.3. Emeritus Member

A member, who has reached the age of 65, and who has been a member in good standing of the Association for at least 15 consecutive years, may seek emeritus membership status as follows:

6.3.1. A written application requesting for emeritus membership is addressed to his component society.

Treasurer	Signature
Secretary	Signature
President	Signature

6.3.2 The governing body of the component society, after approving the application for emeritus membership, shall endorse the request to the Board of Governors through the regional governor.

Governor	Signature
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6.3.3 The Board of Governors, upon the favorable recommendation of the Committee on Membership Services, shall consider the application. If the Board approves, the status of emeritus membership shall be granted the applicant.

Chair, Committee on Membership Services and Development	Signature
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DATE OF FINAL APPROVAL BY THE BOARD OF GOVERNORS :

M	M	D	D	Y	Y	Y	Y

PMA Secretary- General	Name	Signature
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PMA Treasurer	Name	Signature
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PMA President	Name	Signature
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