



PHILIPPINE HOSPITAL ASSOCIATION

14 Kamias Road, Quezon City

APPLICATION FORM AFFILIATE MEMBERS

Name of Organization _____

Address _____

Telephone Nos. _____ Date Established _____

Type of Organization: Non-Stock Stock (Please Check)

Aims/Objectives of Organization: _____

PLEASE ATTACH:

1. List of Officers and Board of Directors
2. List/Directory of Members

Name & Title of Office Head _____

The following are hereby designated as the official representatives of the organization to the PHILIPPINE HOSPITAL ASSOCIATION:

1. _____	2. _____
Name	Name (Alternate)
_____	_____
Position/Designation	Position/Designation

Submitted by:

Name _____

Position/Designation _____

Date Filed _____

----- FOR THE PHA BOARD -----

Date: _____

Recommending Approval:

CHAIRMAN, Membership & Accreditation Committee

Action Taken: APPROVED _____ ACTION DEFERRED _____

DISAPPROVED _____

by the Board of Directors at the meeting on _____ at _____

Secretary