

PHILIPPINE HOSPITAL INFECTION CONTROL SOCIETY (PHICS), INC.

APPLICATION FOR MEMBERSHIP

Last Name:	MI: M F Civil Status:
Healthcare Institution:	_ _ Telephone No _ Fax No
Profession: Physician Nurse Medical technologist Others: Professional Regulation Commission #	
ACADEMIC DEGREES (BS, BA, etc.)	DATE
POSTGRADUATE DEGREES (MD, PhD, MS, MA, etc.)	
PRESENT POSITION(s):	
PREVIOUS POSITION(s):	
MEMBERSHIP IN OTHER SOCIETIES AND PROFESSIONAL ORGANIZATIONS: (Please indicate if present or past officer)	
Signature over Printed Name of Applicant	

Name of Applicant:	
ENDORSEMENTS:	
Endorsed by:	
Signature over Printed name Medical Director or Infection Control Chair (Encircle one)	Date
Hospital/Institution	
DO NOT FILL BELOW	THIS LINE
Recommended for membership	
Disapproved. For further evaluation.	
Remarks:	
Chair, PHICS Committee on Membership Date	
ACTION OF THE BOARD:	
Approved	
Disapproved Reason(s):	
Signed for by:	
PHICS President	 Date