**Endorsement Letter to the PMA Secretary General**

Date: \_\_\_\_\_\_\_\_\_\_

To:

**Benjamin M. Alaban, MD**

PMA Secretary General

Thru:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MD

Governor for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Society respectfully endorses the following members applying for the PMA Amnesty Program 2019 to you, for Board approval:

|  |  |  |
| --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | **MIDDLE NAME** |
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Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature over printed name*  *Signature over printed name*

**Component Society President**  **Component Society Treasurer**