PHARMACEUTICAL SOCIETY OF JAMAICA

41 Lady Musgrave Road
Kingston 10
Tel: (876) 978-4103/4199
Fax: 978-7280

APPLICATION FOR MEMBERSHIP

(KINDLY COMPLETE IN BLOCK LETTERS)

NAME:_____
SURNAME GIVEN NAME MIDDLE INITIAL

DATE OF BIRTH ___ /___/____ **REGISTRATION #**_____**NATIONALITY**_____
Y M DAY

HOME ADDRESS_____**TEL #**_____

WORK ADDRESS_____**TEL #**_____

MAILING ADDRESS_____
IF DIFFERENT FROM ABOVE

EMAIL ADDRESS_____**MOBILE #**_____

ARE YOU A MEMBER OF ANY OTHER ASSOCIATION? IF SO PLEASE STATE

I …….. hereby apply for membership in The Pharmaceutical Society of Jamaica (PSJ) for the year …… I undertake to abide by the laws governing the Profession of Pharmacy and the Code of Ethics, and to abide by the rules and regulations of the Pharmaceutical Society of Jamaica.

I understand that the society reserves the right to accept, reject or revoke membership.

I declare that the above information is correct.

Signature of Applicant: _____ **Date:** _____

Branch Chairperson: _____ **Date:** _____

Date Received:_____ **Accepted By:** _____

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