

The Pharmaceutical Society of Zimbabwe



2 Cork Road, Belgravia, Harare; Tel: 04-741829; Email: psz@zol.co.zw
Website: www.psz.co.zw

MEMBERSHIP APPLICATION FORM

(Please assist by printing clearly)

SURNAME: (Dr. /Mr. /Mrs. /Miss):

FIRST NAMES:

POSTAL ADDRESS:

Complete either **SECTION A** or **SECTION B** as appropriate:

SECTION A

WORK ADDRESS:
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CONTACT TELEPHONE No. :Extension:

HEALTH PROFESSIONS COUNCIL REGISTRATION No. :

PRACTISING CERTIFICATE No. and DATE OF EXPIRY:

DATE OF ORIGINAL REGISTRATION IN ZIMBABWE:

QUALIFICATION :

WHERE OBTAINED :YEAR:

MEMBERSHIP STATUS : ORDINARY / AFFILIATE / PRE-REG /STUDENT :

DO YOU WORK : FULL – TIME / PART – TIME / LOCUM / OTHER :

SECTION B (For Undergraduate Students only)

NAME OF UNIVERSITY :

YEAR OF STUDY (1st/2nd/3rd/4th) :

Fee enclosed : \$

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SIGNATURE

DATE

PLEASE INFORM SOCIETY IF THERE is ANY CHANGE IN YOUR POSTAL OR WORK ADDRESS

Cheques to be made payable to: "THE PHARMACEUTICAL SOCIETY OF ZIMBABWE" and sent to P.O. BOX 1476, HARARE (Tel. : 741829)

Please do not send cash other than by Registered mail

FOR SOCIETY USE ONLY

Date Application Received:

Receipt No. :For \$

Letter of Acknowledgement sent:

Branch Chairman notified:Branch.....

Computer Database:

Date of Council Meeting:

Decision of Council:

Membership Card No. :

Card and Certificate Sent:

Branch Chairman Notified:

Computer Database:

In terms of the Constitution, all members must be proposed and seconded by a member of the Pharmaceutical Society of Zimbabwe (who has been a member for at least 2 years).

PROPOSER:

NAME AND ADDRESS:

E-MAIL ADDRESS:

DATE:

SECONDER:

NAME AND ADDRESS.....

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