



The Council of The Pharmaceutical Society of Uganda

Our Ref:
Your Ref:
Date:

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ANNUAL MEMBERSHIP APPLICATION FORM 2018

(In accordance with The Pharmacy and Drugs Act CAP 280 Sections 9, 11, 19 and 21)

(Fill all items on this form and append attachments wherever necessary.)

Print or use capital letters.

Application No: _____

Please duly complete this form. Application shall be accompanied by evidence of payment of subscription fees.

1. Name _____

2. Registration number/year of registration _____

3. Physical address

4. Membership renewed for the previous year? Yes No

Date & Signature _____

Phone 1: _____ Phone 2: _____ Email _____

For Official Use only

1. Information verified : Yes No

2. Application approved : Yes No

If not approved provide reason below

Secretary, Council of the Pharmaceutical Society of Uganda