



The Council of The Pharmaceutical Society of Uganda

Our Ref:
Your Ref:
Date:

P.O BOX, 3774
Kampala, Uganda
Telephone: 0414348796, 0392174280
Email: psupc@psu.or.ug
Website: www.psu.or.ug
On line application: www.psuocp.com
app.psuocp.com

ANNUAL MEMBERSHIP APPLICATION FORM 2020

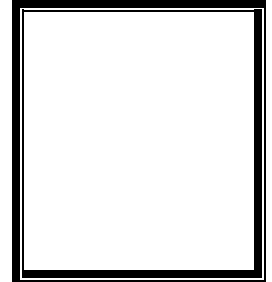
(In accordance with The Pharmacy and Drugs Act CAP 280 Sections 9, 11, 19 and 21)

(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 of Pharmacist _____
2. Registration number/year of registration _____
3. Physical address

4. Places of Practice (Please note that this section is mandatory)

5. Membership renewed for the previous year? Yes No

Date & Signature _____

Phone 1: _____ **WhatsApp N0. 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