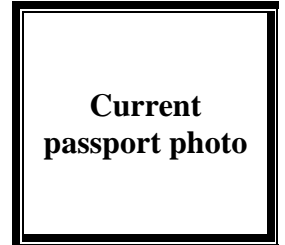




**COUNCIL OF THE PHARMACEUTICAL SOCIETY OF UGANDA  
APPLICATION FORM  
MEMBERSHIP TO THE PHARMACEUTICAL SOCIETY OF UGANDA**

(FILL IN BLOCK LETTERS ONLINE APPLICATIONS SHOULD  
ALSO BE FILLED IN ADDITION TO THE HARDCOPY)



1. Name \_\_\_\_\_
2. Date of birth (Attach copy of Birth certificate) \_\_\_\_\_
3. Sex \_\_\_\_\_
4. Nationality \_\_\_\_\_  
If Non-Ugandan, attach copy of passport
5. Next of Kin. Name \_\_\_\_\_  
**Phone 1:** \_\_\_\_\_ **WhatsApp No:** \_\_\_\_\_

This is to certify that the information provided above is true and correct.

**Date & Signature** \_\_\_\_\_

**Phone 1:** \_\_\_\_\_ **WhatsApp No:** \_\_\_\_\_

**Email** \_\_\_\_\_

**For official use**

All attachments provided.    Yes  No

Information verified and found to be accurate    Yes  No

Approval given    Yes  No

If no reason \_\_\_\_\_

Signed: \_\_\_\_\_

**Secretary, Council of the Pharmaceutical Society of Uganda**