



PERSATUAN FARMASEUTIKAL SABAH (SABAH PHARMACEUTICAL SOCIETY)

Peti Surat 13030, 88833 Kota Kinabalu, Sabah

Email : sabahpharmsoc@gmail.com

MEMBERSHIP APPLICATION FORM Membership Applied For: ORDINARY/ASSOCIATE/LIFE*

PARTICULARS OF APPLICANT

Name (in block): Dr / Mr / Ms / Mrs. _____

NRIC No: _____ Date of Birth: _____

Place of work: _____

Address of place of work: _____

Residential Address: _____

Tel. Office (O): _____ Fax (F) _____ Tel. Home (H) _____

Handphone (M): _____ Email: _____

Pharmacist Registration No: _____ MPS Registration No: _____

Qualifications	Where Qualified	Date of Qualification
_____	_____	_____
_____	_____	_____

Please tick ():

- ☐ New SPS member but non-MPS member: Entrance fee (RM50) + Subscription for 2020 (RM30)
- ☐ Existing SPS member but non-MPS member: Renewal of subscription for 2020 (RM30)
- ☐ New MPS member & SPS members: Entrance fee for MPS (RM10) + subscription to MPS (RM120) + entrance fee for SPS (RM50) + free subscription to SPS for 2020
- ☐ Existing MPS member & SPS member: Renewal of subscription to MPS (RM120) + free subscription to SPS for 2020
- ☐ MPS lifetime member & SPS member: Renewal of subscription to SPS for 2020 (RM30) [To pay an entrance fee (RM50) if new SPS member]

Signature of Applicant

Date

Proposer Name	Signature	Date	Seconder Name	Signature	Date
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FEES		
Ordinary Member Entrance – RM 50.00 Subscription per Year: RM 30.00	Associate Member Entrance – RM 50.00 Subscription per year: RM 10.00	Life Member RM 2,000.00

For Official Use Only

Credentials scrutinized and confirmed by _____
Name Signature Date

Approved by Executive Committee _____
Date President's Signature Secretary's Signature

*Delete wherever not applicable