

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): D	r / Mr / Ms / Mrs					
NRIC No:		Date of Birth:				
Place of work:						
Address of place of	f work:					
Residential Addres	ss:					
Tel. Office (O):		Fax (F)Tel. Ho		el. Home (H)	ome (H)	
Handphone (M):		E	mail:		_	
Pharmacist Registration No:		MPS Registration No:				
Qualifications		Where Qualified				
New MPS entrance f Existing M for 2015 MPS lifetin fee (RM50	member & SPS me ee for SPS (RM50) IPS member & SPS	mbers: Entrance + free subscripti member: Renev member: Renew	on to SPS for 2015 wal of subscription to MI	n for 2015 (RM30) subscription to MPS (R PS (RM120) + free subs S for 2015 (RM30) [To p	cription to SPS	
Proposer Name	Signature	Date	Seconder Name	Signature	Date	
			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		
			Official Use Only			
Credentials scrutinized and confirmed by			Name	Signature	Date	
Approved by Executive Committee		Date	President's Signature	Secretary's S	ignature	