

ETHIOPIAN PHARMACEUTICAL ASSOCIATION (EPA)
APPLICATION FOR MEMBERSHIP

Application forwarded for membership as per article 4 & 5 of the Constitution of the Ethiopian Pharmaceutical Association.

1. Applicant's Full Name _____
2. Address _____
3. Work Organization _____
 Tel. No. _____
 P.O.Box _____
4. Academic Training (Please attach photocopy)

College / University	Years Attended	Degree / Diploma / Awarded

5. Professional Experience in Pharmacy

Employer	Position	Years of service From _____ to _____

6. Present line of Professional service (e.g. Retail, Academics, Research, Production) other _____

7. Type of Membership applied for Full Member Associate Member

8. I wish to apply as a _____ Member & agreed to abide by the rules & regulations of the association

Date

Signature of Applicant

For Official Use Only

1. Decision _____
2. Membership Registration Number _____

Date

Signature of official and seal