



**ETHIOPIAN PHARMACEUTICAL ASSOCIATION (EPA) APPLICATION
FORM FOR INSTITUTIONAL MEMBERSHIP**

1. **NAME OF THE INSTITUTION** _____

ADDRESS _____

Tel. No. _____

P.O.Box _____

Fax _____

E-mail _____

2. **TYPE OF ACTIVITY ENROLLED**

MANUFACTURER IMPORT &/ or DISTRIBUTION RETAIL ACADAMIC INSTITUTES OTHERS _____

MEMBERSHIP APPLIED FOR

SPECIAL REGULAR

4. **MEMBERSHIP ANNUAL FEE (Birr)**

	ACADAMIC INSTITUTES/ MANUFACTURER		IMPORT and/ or DISTRIBUTION		RETAIL		HEALTH FACILITY	
	SPECIAL	REGULAR	SPECIAL	REGULAR	SPECIAL	REGULAR	SPECIAL	REGULAR
REGISTRATION	250.00	250.00	250.00	250.00	150.00	150.00	150.00	150.00
ANNUAL	5000.00	3000.00	5000.00	3000.00	1000.00	500.00	1000.00	500.00

5. I wish to apply for institutional membership and agree to abide by the rules and regulations of EPA set for Institutional members

Date

Signature & Name of authorized persons and seal.

FOR OFFICIAL USE ONLY

1. DECISION _____

2. Membership Registration Number _____

Date

Signature of official and seal