



THE PHARMACEUTICAL SOCIETY OF NAMIBIA

P 22669 • Windhoek • NAMIBIA • F 081-128 5877

Application for membership

I hereby apply for membership to the Pharmaceutical Society of Namibia and undertake to abide by the Constitution, Code of Practice and Rules and Regulations of the Society.

Personal Details	
Surname	
Title	
First Names	
PHS Number (Practice Number)	
Occupation	
Qualification(s)	
Home Address	
Postal Address	
Cellphone Number	
Fax Number	
E-mail address	
Date of Birth	

Pharmacy Registration only (completed by Pharmacy owner or responsible Pharmacist)	
Name of Pharmacy	
Name of Pharmacy Owner	
Name of Responsible Pharmacist	
Names of other Pharmacists	
Physical Address	
Postal Address	
Telephone Number	
Fax Number	
E-mail address	
Mobile Number	

Sector of Practice				
Mark appropriate field(s)	Academic	Private	Public	Retail
	Hospital	Industry	Locum	Other

Employment Details	
Name of Practice / Pharmacy	
Telephone Number	
Fax Number	
E-mail address	

Please indicate your preference of correspondence:	E-mail address or Fax Number for correspondence
E-mail	
Fax	

Signature of Applicant	
Proof of payment included	
Amount (N\$)	
Date	

Payment Amount Detail			Bank Details		
	N\$	Excl VAT	Incl VAT		
Ordinary Member	512.36	589.20		Nedbank	
Intern/PA/Technician	293.90	338.00		Independence Avenue	
Retired	293.90	338.00		Branch Code: 461-038	
Non-Resident	512.36	589.20		Acc No: 11010000906	
Student PA Course	50.00	57.50			
Payment Annual Contribution	4,500.00	5,175.00			
Payment Method (Mark appropriate field)			Transfer	Cheque	Cash
Send proof of payment Fax to 061 242405 or online to secretary@psn.com.na					

"I undertake, as a PSN member, to abide by the Constitution, Codes of Practice and Ethics, Rules and Regulations of the Society, as currently in force and as may be amended."

Office Use	Date
Quick Books Customer Job List	
Members Register	
E-mail Address Book	
Membership Certificate issued	