



# MEMBERSHIP APPLICATION FORM

Pharmaceutical Society of Singapore

2985 Jalan Bukit Merah

#02-2b, SMF Building

Singapore 159457

(+65) 6259 2313



[admin@pss.org.sg](mailto:admin@pss.org.sg)

[www.pss.org.sg](http://www.pss.org.sg)

Please complete all applicable sections -  
those marked with \* are compulsory fields.  
#Delete whichever are not applicable.

I wish to apply to become a member of Pharmaceutical Society of Singapore ("Society"). I consent to sharing my personal data in this application with the Society for the purposes of membership maintenance, training and other administrative and communication purposes.

## A) Membership Category\*:

Pursuant to the Constitution,

☐ **Ordinary Members:** All registered pharmacists and those eligible for registration under the Pharmacist Registration Act of the Republic of Singapore or such Acts and laws as may be enacted from time to time.

➤ Fee payable = \$20 admin fee + \$120 for full year or \$20 admin fee + \$60 for 1<sup>st</sup> July onwards.

☐ **Associate Members:** Pharmacy graduates who are not eligible for Ordinary Membership.  
(e.g. Pre-Registration Pharmacist)

➤ Fee payable = \$20 admin fee + \$60 for full year

☐ **Overseas Members:** Ordinary members of the Society who have become residents in other countries permanently or for a continuous period exceeding six months and are still interested in continuing their ties with the Society. On their return to reside in Singapore, they may apply for their membership to be reverted to Ordinary Membership.

➤ Fee payable = \$20 admin fee + \$60 for full year

☐ **Student Members:** Pharmacy undergraduates of the National University of Singapore and other Universities.

➤ Fee payable = \$10 for full year

- All membership applications are subject to approval of the prevailing Council of the Society.
- For enquiries, please contact PSS Secretariat at [admin@pss.org.sg](mailto:admin@pss.org.sg).
- The Society reserves the right not to refund fees wrongly paid.
- Official receipt for membership fees paid will be issued only upon request.

## B) Personal Particulars\*:

Prefix: #Prof/ A/Prof/ Dr/ Mr/ Mrs/ Ms/ Mdm

Name: \_\_\_\_\_

PRN No: \_\_\_\_\_

NRIC/FIN:  -         -  E.g., S-XXXX123-A

Year of Birth: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation/Designation: \_\_\_\_\_

Sector of Practice: Hospital / Community / Industry / Academia / Others: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Country: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact no.: \_\_\_\_\_

- Please inform the Society whenever there is any change to your personal particulars.

Preferred mode of contact

(please circle): Mail / Email

**C) Professional/Educational Qualifications:**

☐ Bachelor of Pharmacy, National University of Singapore      Graduating Year: \_\_\_\_\_

Other qualifications:

<u>Year</u>	<u>Qualifications</u>	<u>Institution/Country</u>
_____	_____	_____
_____	_____	_____

Sector of Practice: Hospital / Community / Industry / Academia / Others: \_\_\_\_\_

**D) Other Professional Affiliation/Membership:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**E) Recommendation/Endorsement by the Society's Ordinary Members\*:**

1) Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Signature: \_\_\_\_\_

2) Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: Students who need assistance on endorsement by PSS Ordinary Members may leave this section blank.

**F) Declaration\*:**

- 1) I agree to abide by the Constitution of the Society.
- 2) I shall also uphold the [Pharmacist's Code of Ethics](#) and strive to improve the standards of professional conduct.
- 3) I hereby declare that the information provided herein are true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Approved by Council on

Secretariat's Remarks:

Date Application Received: \_\_\_\_\_

Fee Received: \_\_\_\_\_

Receipt No./Date: \_\_\_\_\_ / \_\_\_\_\_

Membership No. \_\_\_\_\_

Date updated on database: \_\_\_\_\_

Updated by: \_\_\_\_\_