



MEMBERSHIP APPLICATION FORM

Pharmaceutical Society of Singapore
2985 Jalan Bukit Merah
#02-2b, SMF Building
Singapore 159457



(+65) 6259 2313



(+65) 6259 2393



admin@pss.org.sg



www.pss.org.sg

(Please complete all applicable sections; essential sections are marked with *)

I wish to apply to become a member of Pharmaceutical Society of Singapore, and agree to abide by the Constitutions of the Society. I shall also uphold the Pharmacist's Code of Ethics and strive to improve the standards of professional conduct. My personal details and the prescribed subscription are hereby attached.

*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 1st July onwards.

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

➤ Fee payable = \$20 admin fee + \$60

Overseas Members: Ordinary members of the Society but 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, their membership will be reverted to Ordinary Membership.

➤ Fee payable = \$20 admin fee + \$60

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

➤ Fee payable = \$10

*B) Personal Particulars:

Title: #Prof/Dr/Mr/Mrs/Ms/Mdm

Name: _____

Gender: _____

#NRIC/FIN: - - E.g. (S-XXXX123-A)

Marital Status: _____

Place of Birth: _____

DOB: _____

Occupation/Designation: _____

Nationality: _____

PRN No: _____

*C) Address:

Residential

Address: _____

Country: _____ Postcode: _____

Tel: _____ Mobile: _____

E-mail: _____

Office

Name of Company: _____

Address: _____

Country: _____ Postcode: _____

Tel: _____ Fax: _____

E-mail: _____

D) Professional Qualifications:

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

E) Other Professional Affiliation/Membership:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

***F) Declaration:**

- I hereby declare that the information provided herein is correct and accurate.

Signature: _____ Date: _____

***G) Recommendation/Endorsement by Other Members** *(compulsory for application of Ordinary Membership only)*:

1) Name: _____ Membership No.: _____

Signature: _____

2) Name: _____ Membership No.: _____

Signature: _____

For Official Use Only

Approved at Council Meeting held on

President's Signature

Subscription Received: _____

Admission Received: _____

Receipt No./Date: _____ / _____

Membership No. _____

Date Updated to Database: _____

Delete whichever not applicable.