



香港執業藥劑師協會

THE PRACTISING PHARMACISTS ASSOCIATION OF HONG KONG

4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai.

Website: <http://www.ppa.hk>

E-mail: ppafax@gmail.com

APPLICATION FOR *VOTING/NON-VOTING* MEMBERSHIP

Please complete every item in block letters (*please delete if not appropriate*)

SURNAME : _____ TITLE : *Mr /Mrs /Ms /Dr*

FIRST NAMES : _____ CHINESE : _____

Correspondence Address :

Home Phone / Fax No. : _____ / _____

Mobile / Pager : _____ E-mail : _____

Office Name & Address : _____

Office Phone / Fax No : _____ / _____

Professional Qualifications :

DEGREE

INSTITUTION

DATE OBTAINED

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hong Kong Registration Number : ()

Declaration :

I hereby apply to become a member of The Practising Pharmacists Association of Hong Kong. I do solemnly and sincerely declare that while a member of the Association, I will observe the Constitution, by-laws and Code of Ethics thereof, and will conduct myself honourably in the practice of my profession, and to the utmost of my ability will maintain the dignity of The Association.

_____ (Signature of applicant) _____ (Date)

Please check the following items are attached with your application :

Voting Member **【HK \$ 450 (entrance fee of HK \$ 100 and annual fee of HK \$ 350)】**

The cheque should be made payable to **“The Practising Pharmacists Association of Hong Kong Ltd.”**

CHEQUE NO. _____ BANK : _____ AMOUNT : _____

A recent photograph that is affixed onto the form.

A copy of each of the certificates listed above.

A copy of the pharmacist registration certificate issued by the Pharmacy and Poisons Board of HK.

Affix
Recent
Photograph

For Office Use Only

Treasurer :

Membership :

President :

Reference :