

Kamra ta' l-Ispizjara ta' Malta

Malta Chamber of Pharmacists



Founded 1900
to serve, to protect,
to educate

MEMBERSHIP FORM

NAME: _____ SURNAME: _____

QUALIFICATIONS: _____ PHARMACY COUNCIL REG. NO: _____

ID CARD NO: _____

ADDRESS: _____

TELEPHONE: _____ MOBILE**: _____

EMAIL **: _____

AREA OF PRACTICE**: *Please tick accordingly*

INDUSTRY PRIVATE COMMUNITY PHARMACY HOSPITAL: PUBLIC OR PRIVATE

IMPORTATION & WHOLESALE DISTRIBUTION (INCL. MEDICAL REPRESENTATION)

REGULATORY AFFAIRS/MEDICINES AUTHORITY

OTHER AREAS OF PRACTICE: Academic; Research; Teaching; Medicines Procurement;

Pharmaceutical Policy; Other – please specify _____

** *Obligatory data to enable an effective line of communication*

MEMBERSHIP RATES PER ANNUM

Single member: €35 Married Couple: €60

Senior Citizen: €25 Students (Associate Member): €10

OPTIONAL PJ ONLINE

Include **additional €40** with your membership payment

METHODS OF PAYMENT Kindly fill in the application form. It would be greatly appreciated if payment could be affected by cheque made payable to the "Malta Chamber of Pharmacists" at the address below or via internet banking to HSBC account no 089-022594-001 or BOV account no 40017968768.

I DECLARE THAT THE INFORMATION PROVIDED ABOVE IS CORRECT.

Signature

Date