

## APPLICATION FOR MEMBERSHIP

### July 2010 – June 2011

**Please admit and register me as a member of The Society of Hospital Pharmacists of Australia (SHPA) in the category indicated on page two. I agree to be bound by the rules of the SHPA Constitution.**

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

Given Names: \_\_\_\_\_

Courtesy Title: Mrs Ms Mr Dr Other \_\_\_\_\_ Sex: Male Female

Qualifications: \_\_\_\_\_

How did you hear about SHPA?: \_\_\_\_\_

Have you been a member of SHPA before?: Yes No

If you have been a member before, and your family name was different, give previous name: \_\_\_\_\_

Are you accredited for medication reviews?: Yes No Accrediting Body SHPA AACP

Do you intend to become accredited in the future?: Yes No

To assist in prompt processing of your application, if possible, please supply names of two SHPA members who know you  
1 \_\_\_\_\_ 2: \_\_\_\_\_

Current place of employment: \_\_\_\_\_

Your present position/title: \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bus Telephone (include area code): \_\_\_\_\_ Bus Facsimile (include area code): \_\_\_\_\_

Home Telephone (include area code): \_\_\_\_\_ Mobile: \_\_\_\_\_

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

**FOR FEDERAL SECRETARIAT USE ONLY**

Date application received: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ in the amount of \$A \_\_\_\_\_

Date payment processed: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Member Category: Ordinary Technician Student Inactive Associate Overseas

Promotional Kit Date of Dispatch: \_\_\_\_\_ Membership Kit Date of Dispatch: \_\_\_\_\_

**FOR BRANCH COMMITTEE USE ONLY**

Application approved by Branch Committee at a meeting held on \_\_\_\_\_

Signed on behalf of: \_\_\_\_\_ Branch: \_\_\_\_\_

