



Pharmacological Society (Singapore)

16 Medical drive, Blk MD3, Level 4

117600, Singapore

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MEMBERSHIP APPLICATION FORM

Please, complete all sections:

Section 1: Application Details	
Application for (check one box):	
<input type="checkbox"/> Full Membership	<input type="checkbox"/> Associate Membership (e.g. student/trainee)
<input type="checkbox"/> Current Membership Number	<input type="checkbox"/> New Application

Section 2: Personal Details	
Surname:	
Given Name:	
Title:	<input type="checkbox"/> Prof <input type="checkbox"/> A/Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other:
Mailing address:	
Telephone:	
Email:	

Section 3: Professional Details	
Current appointment:	
Institution:	
Category of Institution:	<input type="checkbox"/> University <input type="checkbox"/> Polytechnic <input type="checkbox"/> A*STAR <input type="checkbox"/> Industry <input type="checkbox"/> Other
Educational qualifications:	
<p>For membership, please submit membership fee together with your application form to Ms. Ratna/Ms. Tan Bee Ching at the official address indicated above. New members are also required to submit a soft copy of their CV at admin@pharmacologicalsociety.sg</p>	
Membership fee:	<input type="checkbox"/> Full Membership S\$50 <input type="checkbox"/> Associate Membership S\$20

<http://www.pharmacologicalsociety.sg/>