



APPLICATION FOR MEMBERSHIP OF EAFP

CATEGORY

Institutional Membership

Open to all institutions of higher education (universities, faculties, schools, departments or institutes) offering courses that confer upon graduates the qualifications required for the recognition as a professional pharmacist as outlined by EC regulations. Each institution is represented by one person with voting rights at the General Assembly.

**500
Euro**

Associate Institutional Membership

Open to all institutions in Europe or elsewhere who do not confer a EU-recognized professional pharmacy degree (*i.e.* having no access to a regular membership). Non-EU institutions, which confer locally recognized pharmacy degrees, can apply for an associate membership.

**500
Euro**

Individual Membership

Open to individuals (faculty and other teaching staff), who are or have been employed in Europe or elsewhere by an Institution, which confers a locally recognized professional pharmacy degree

**50
Euro**

SECTION A

APPLICABLE FOR INSTITUTIONAL / ASSOCIATE INSTITUTIONAL MEMBERSHIP

INSTITUTION:

COUNTRY:

ADDRESS:

TELEPHONE:

WEBSITE:

CONTACT INFORMATION

NAME:

SURNAME:

POSITION:

TELEPHONE:

E-MAIL:

DEAN

NAME:

SURNAME:

E-MAIL:

TELEPHONE:

INTERNATIONAL RELATIONS

NAME:

SURNAME:

E-MAIL:

TELEPHONE:

SECTION B

APPLICABLE FOR INDIVIDUAL MEMBERSHIP

NAME:

TITLE:

SURNAME:

TELEPHONE:

AFFILIATION:

POSITION:

DEGREE HELD:

E-MAIL:

ADDRESS:

I confirm that the terms of membership are understood

SIGNATURE: _____

DATE: _____

*Please complete this form and send by e-mail from the CONTACT-US link.
Bank transfer information will be sent as soon as membership is accepted.*