



APPLICATION FORM FOR MEMBERSHIP

EAPT Internal Rules (1.5 Application Procedure)

COUNTRY:

ASSOCIATION (English):

ASSOCIATION (National language):

ACRONYM (English):

(National):

REPRESENTING

- | | |
|--|--|
| <input type="checkbox"/> Community Pharmacies | <input type="checkbox"/> Military Pharmacies |
| <input type="checkbox"/> Hospital Pharmacies | <input type="checkbox"/> Prison Pharmacies |
| <input type="checkbox"/> Pharmaceutical Industry | <input type="checkbox"/> Education & Development |
| <input type="checkbox"/> Parapharmacies (OTC) | <input type="checkbox"/> Others |

APPLICATION COMPLETED BY

(name):

(position):

CONTACTS

Address:

Phone:

e-mail:

website:

DOCUMENTS

- Letter of Intention (describing the country association and why EAPT membership is sought)
- Copy of the association's Statutes (in English)