

## Application for Membership of the Pharmacy Industry Training Organisation

**Please note if you are enrolling with the Open Polytechnic to complete the National Certificate in Pharmacy training do not complete this form. Phone Tina at PITO for an enrolment pack.**

### PLEASE PRINT CLEARLY

Mr / Mrs / Miss / Ms / Other \_\_\_\_\_ Surname: \_\_\_\_\_  
(Please state)

First Names: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality (optional for statistical purposes only): \_\_\_\_\_

Personal Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

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

Pharmacy of Employment: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_  
\_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I confirm I am a pharmacy technician / pharmacy assistant (Delete as applicable)

The Pharmacy qualification I hold is: \_\_\_\_\_

Or I do not hold a qualification:  (Please tick if applicable)

Annual Payment of \$25.00 Enclosed (payment by cheque payable to the Pharmacy Industry Training Organisation):  (Please tick)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### Pito Use Only

Payment Received: : yes / no Processed: yes / no. Membership Expiry Date: \_\_\_\_\_ Technician / Assistant (Delete One)

Pito Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Security Number: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Date Member Advised: \_\_\_\_\_