

Application for Membership – Pharmacy Assistants

Mr / Mrs / Miss / Ms / Other _____ Surname:
(Please state if other)

First Names:

Maiden Name (if applicable):

Pharmacy of Employment:

Pharmacy Address:

Personal Address:

Date of Birth:

Nationality (optional for statistical purposes only):

Email

I understand that my membership with the Pharmacy Industry Training Organisation is for the duration of my training only, and that once I have qualified with the National Certificate in Pharmacy (Assistant) my membership and any associated benefits will cease unless I choose to renew on an annual basis.

I have enclose \$25.00 with this application.

Signature of Assistant

Date

PITO Use Only

Processed: yes / no

Payment Enclosed: yes / no

Assistant Enrolment Number: _____