

# The Pharmaceutical Society of South Africa National Office

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## MEMBERSHIP APPLICATION FORM

### A. General Information

|   |  |                                     |  |      |  |        |  |
|---|--|-------------------------------------|--|------|--|--------|--|
| PSSA Number:                            | <i>FOR OFFICE USE</i>  | SAPC Registration Number:           | <i>COMPULSARY</i>  |      |  |        |  |
| ID-Number:                              |  | Maiden name: <i>(if applicable)</i> |  |      |  |        |  |
| Date of Birth:                          |  | Gender:                             | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">Male</td> <td style="width: 20px;"></td> <td style="width: 20px; text-align: center;">Female</td> <td style="width: 20px;"></td> </tr> </table> | Male |  | Female |  |
| Male                                    |  | Female                              |  |      |  |        |  |
| Passport Number: <i>(if applicable)</i> |  | Nickname:                           |  |      |  |        |  |
| Surname:                                |  | Title:                              |  |      |  |        |  |
| Full names:                             |  |                                     |  |      |  |        |  |
| Race:                                   | <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White |                                     |  |      |  |        |  |
| Postal Address:                         |  | Name of Employer:                   |  |      |  |        |  |
|   |  | Registration number of Pharmacy:    |  |      |  |        |  |
|   |  | Owner detail:                       |  |      |  |        |  |
|   |  | Responsible Pharmacist detail:      |  |      |  |        |  |
|   | Postal code:   |                                     | Spouse PSSA number: <i>(if applicable)</i>   |      |  |        |  |
| Province:                               |  | *Branch:                            |  |      |  |        |  |
| Home telephone number:                  |  | Cell phone number:                  |  |      |  |        |  |
| Business telephone number:              |  |                                     |  |      |  |        |  |
| E-mail address:                         |  |                                     |  |      |  |        |  |

\*Please note that it is possible to work in the geographic area of one branch and live in the geographic area of another branch. In a case like this, you would be free to choose membership of either branch.

Please select a primary sector for your membership. This may be either the sector in which you work or it may be a sector in which you have a particular interest.

### B. Primary sector

| Community Pharmacy <input type="checkbox"/>                  | <b>Community Pharmacists Sector has a voluntary sector fee:</b><br><i>Ordinary Pharmacists</i><br><i>Pharmacists older than 65 years / retired; Pharmacist's Assistants</i><br><i>Non-Practising Pharmacists; International Associate</i><br><i>Interns; Community Service Pharmacists</i> | <table border="1" style="margin: auto;"> <thead> <tr> <th colspan="3">Please indicate (✓)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">R650.00 /year</td> <td style="text-align: center;">R54.17 /month</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;">R350.00 /year</td> <td style="text-align: center;">R29.17 /month</td> <td></td> </tr> <tr> <td style="text-align: center;">R250.00 /year</td> <td style="text-align: center;">R20.83 /month</td> <td></td> </tr> <tr> <td style="text-align: center;">R150.00 /year</td> <td style="text-align: center;">R12.50 /month</td> <td></td> </tr> </tbody> </table> | Please indicate (✓) |  |  | R650.00 /year | R54.17 /month |  | R350.00 /year | R29.17 /month |  | R250.00 /year | R20.83 /month |  | R150.00 /year | R12.50 /month |  |
|--|--|--|---------------------|--|--|---------------|---------------|--|---------------|---------------|--|---------------|---------------|--|---------------|---------------|--|
| Please indicate (✓)  |  |  |                     |  |  |               |               |  |               |               |  |               |               |  |               |               |  |
| R650.00 /year  | R54.17 /month  |  |                     |  |  |               |               |  |               |               |  |               |               |  |               |               |  |
| R350.00 /year  | R29.17 /month  |  |                     |  |  |               |               |  |               |               |  |               |               |  |               |               |  |
| R250.00 /year  | R20.83 /month  |  |                     |  |  |               |               |  |               |               |  |               |               |  |               |               |  |
| R150.00 /year  | R12.50 /month  |  |                     |  |  |               |               |  |               |               |  |               |               |  |               |               |  |
| Hospital and Institutional Pharmacy <input type="checkbox"/> |  |  |                     |  |  |               |               |  |               |               |  |               |               |  |               |               |  |
| Industrial Pharmacy <input type="checkbox"/>                 |  |  |                     |  |  |               |               |  |               |               |  |               |               |  |               |               |  |
| Pharmaceutical Sciences or Academia <input type="checkbox"/> |  |  |                     |  |  |               |               |  |               |               |  |               |               |  |               |               |  |

*If you are interested in more than one sector, please select an additional sector for affiliation. Please note that an additional affiliation fee will be charged.*

### C. Affiliation required (additional R50.00 per annum)

|  |  |
|--|--|
| Community Pharmacy <input type="checkbox"/>  | Hospital and Institutional Pharmacy <input type="checkbox"/> |
| Industrial Pharmacy <input type="checkbox"/> | Pharmaceutical Sciences or Academia <input type="checkbox"/> |

I hereby make application for membership of the Society and in so doing undertake, upon admission, to abide by the Constitution, Codes of Practice and Ethics, Rules and Regulations of the Society, and of any branch or sector of the Society in which my membership may from time to time be located – as currently in force and as may from time to time be amended.

## Please tick the appropriate category

| <b>D. Membership Fees – VAT Inclusive (01/10/2023 – 30/09/2024)</b>  |                            |                     |
|--|----------------------------|---------------------|
| Membership   | Yearly Fee                 | Monthly Debit Order |
| Ordinary Pharmacist  | R2 340.00                  | R195.00             |
| First Time Member <span style="background-color: yellow;">*Applying during the year, fees will be calculated pro rata</span> | R1 170.00                  | R97.50              |
| Retired or older than 65 years   | R1 170.00                  | R97.50              |
| Exempted or older than 70 years  | -                          | -                   |
| Community Service Pharmacist   | R1 170.00                  | R97.50              |
| Intern   | R1 170.00                  | R97.50              |
| Non-Practising Pharmacist  | R1 800.00                  | R150.00             |
| <b>Associate Membership</b>  |                            |                     |
| B. Pharm Student / Pharmacy Technician Student   | -                          | -                   |
| Pharmacy Technician Trainee  | -                          | -                   |
| Academic Intern  | -                          | -                   |
| Pharmacist's Assistant   | R1 170.00                  | R97.50              |
| Pharmacy Technician  | R1 170.00                  | R97.50              |
| Non-Pharmacist   | R1 170.00                  | R97.50              |
| International / Non-Resident   | R2 340.00                  | R195.00             |
| <b>Additional Fees</b>   |                            |                     |
| Sectoral Fee – SAACP (VOLUNTARY)   | See previous page for fees |                     |
| Mpumalanga Branch Fee  | R180.00                    | R15.00              |
| Sector Affiliation   | R50.00                     | R4.17               |

## E. Method of Payment

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

### DEBIT ORDER AUTHORISATION:

I, \_\_\_\_\_, hereby authorise the PSSA to debit my bank account with the applicable fees as per the Payment Term and Date indicated below:

**Account Type:** Savings  Transmission  Cheque       **Payment Terms:** Monthly  Yearly

**Payment Date:** 1<sup>st</sup>  15<sup>th</sup>  (or on the first business day thereafter)

**Bank name:**       **Branch name:**   
**Branch code:**

|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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**Account number:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**SIGNATURE**

**DATE**

By signing the application form, irrespective as to how such information is submitted, you consent to the collection, collation, processing, and storing of such information and the use and disclosure of such information in accordance with PSSA's Privacy Policy.

**Please email the completed form to: [sinah@pssa.org.za](mailto:sinah@pssa.org.za)**