



Commonwealth Pharmacists Association

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Website: www.commonwealthpharmacy.org

Application Form – Student Membership

DATE OF APPLICATION

GIVEN NAME FAMILY NAME

TITLE (*Mr/Mrs/Ms/Other*) DATE OF BIRTH

ADDRESS

DAYTIME PHONE EMAIL

SCHOOL/FACULTY OF PHARMACY

ANTICIPATED YEAR OF COMPLETION OF STUDIES

STUDENT NUMBER

PREFERRED ADDRESS FOR CORRESPONDENCE (If not as shown above)

BY CHEQUE I enclose cheque / postal / money order for: £

Payable to: The Commonwealth Pharmaceutical Association

BY DEBIT OR CREDIT CARD



SWITCH VISA Mastercard Eurocard

Switch issue no Expiry date*

My Card number is Amount to be Debited £

Name on Card Signature Date

If the address for the card is different from that given above, please give that address below:

Please check that you have provided the expiry date for your card

If you reside in the UK would you please give the security code on the reverse of the card together with your house number, house name and post code. This is a requirement by the company that processes the cards on behalf of CPA.

Security Code House No/ House name Post Code