



Application for PSN membership 2027

I hereby apply for membership to the Pharmaceutical Society of Namibia and undertake to abide by the Constitution, Code of Practice and Rules and Regulations of the Society.

Personal Details	
Surname	
Title	
First Names	
PHS Number (Practice Number)	
Occupation	
Qualification(s)	
Home Address	
Postal Address	
Cellphone Number	
Fax Number	
E-mail address	
Date of Birth	

Public Sector Pharmacy Detail	
Name of Pharmacy	
Name of Responsible Pharmacist	
Physical Address	
Postal Address	
Telephone Number	
Fax Number	
E-mail address	
Mobile Number	

Sector of Practice				
<i>Mark appropriate field(s)</i>	Academic	Private	Public	Retail
	Hospital	Industry	Locum	Other

Employment Details	
Name of Practice / Pharmacy	
Telephone Number	
Fax Number	
E-mail address	

Please indicate your preference of correspondence:	E-mail address
E-mail	

Signature of Applicant	
Proof of payment included	
Amount (N\$)	
Date	

Payment Details

Payment Amount Detail			Tick off
N\$	INCL VAT		
Pharmacist	2 200,00	per year	
Pharmacy and RP/Owner	8 500,00	per year	
Pharmacist INTERN,	900,00	per year	
PHARMACIST ASSISTANT,	900,00	per year	
PHARMACEUTICAL TECHNICIAN	900,00	per year	
Retired Pharmacist	600,00	per year	
Public Sector pharmacist	600,00	per year	
Students: UNAM & IUM & Welwitschia	100,00	per year	

Bank Details
Nedbank Namibia
Branch: Independence Avenue
Branch Code: 461-038
Acc No: 11010000906

Payment Method (Mark appropriate field)	EFT		Debit Order	
Send proof of payment to secretary@psn.com.na				

"I undertake, as a PSN member, to abide by the Constitution, Codes of Practice and Ethics, Rules and Regulations of the Society, as currently in force and as may be amended."

Office Use

Office Use	Date
Payment Verified	
Member status Verified	
E-mail added to database	
Membership Certificate issued	