

MEMBERSHIP APPLICATION



For the Guild of Healthcare Pharmacists Section of Amicus

Please complete all guestions and use BLOCK CAPITALS

First name

Julianie.	i iist iiailie:
Initials:	Male/female:
Date of Birth:	
Home Address:	
	Postcode:
email address:	
Your Employer	
Employers full name:	
Employers full address:	Postcode;
Place of employment:	Posicoue.
Department:	
Are you earning less than £195.00 gross	per week No Yes
Are you under 20 years of age	No Yes
Your previous union members	ship
Have you been a member of a union before	ore? No Yes
If so, which one?	
You can pay for your subscription by credit card, cheque or standing order (if for an appropriate application form). I wish to pay my GHP/Amicus-MSF mer	lirect debit using this form. Payment may also be by deduction from payro you wish to pay by any of these methods ask your accredited representative sheetship by:
Your GHP/Amicus membersh I apply to become a member of Amicus	p If accepted, I undertake to observe Amicus rules.
Signaturo	Date:
Equal opportunities We have a strong commitment to equal of the polynomial of the po	pportunities. To help us monitor our work, please complete these questions: a disability? No Yes
White Afro-Caribbean	Asian Other (please specify)
For official use only	
Branch name:	Branch No: Job Code: 65
Group no:	Subs category PF: Employer no:
Membership no:	

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your letter to Amicus.

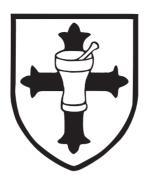


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The Guild of Healthcare Pharmacists

"The voice of hospital pharmacy"

Join us!

