



**(MCOP-U)**

**MEMBERSHIP APPLICATION FORM**

**Application/ membership type**

Ordinary, Student, Associate Member, Honorary

**Registration fee for different categories**

Associate and/or Honorary 500k Ordinary 50k Student 10k

**Registration with Regulatory Body/AHPC**

Company/Organization/Business/ Member's Name

Legal status, if Company or Organization or Business entity

**Registration with AHPC, if Individual professional/student**

Yes No

If yes, AHPC/ professional registration. Number .....

**Official Contact Information**

Address/workplace

Physical address

Country based in (drop down countries for selection)

Region/State/province

City/Town/Village

District

Website

Email

Phone contacts (mob and specify Whatsapp contact)

**Payment information**

Payments can be made directly to the Association MCOPU Account 3100060844 (Account name: Medical Clinical Officers professionals Uganda, Bank: Centenary Bank) or contact the Secretariat or Treasury for details

**We also value your suggestions/comments please leave your comments below;- (leave space for the comment/suggestion and link it to the email account)**

**(Check box)** Yes, I would like to receive periodic email, sms, updates, latest news, opportunities, seminars, articles among others and be added to social media platforms of MCOPU

I, ..... Certify that the information and statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or impersonation made in this application or any other document requested by MCOPU renders my membership nullified.

**Attachment of bank slip**

**Submit**

