



**PHARMACEUTICAL SOCIETY OF GHANA**  
**MEMBERSHIP RENEWAL AND RETENTION FORM**

**STAPLE  
(Passport sized)  
HEAD SHOT  
PHOTO HERE**

NAME: .....  
First Name
Middle Name
Last Name

MAIDEN NAME:..... GENDER:..... TITLE.....

REGISTRATION NUMBER: ..... REGISTRATION DATE.....

REGIONAL GROUP:..... INTEREST GROUP .....

PRACTICE GROUP .....

TELEPHONE .....  
Mobile
Mobile
WhatsApp

Email:.....  
Main Email
Alternate Email

ADDRESS:.....  
 .....

OTHER NEW QUALIFICATION(S) OBTAINED :

<u>UNIVERSITIES / COLLEGES</u>	<u>QUALIFICATIONS</u>	<u>YEAR</u>

SIGNATURE:..... DATE:.....

**After completing your registration at the Pharmacy Council, please go to the website of the PSGH ([www.psgh.com](http://www.psgh.com)) to update your Membership profile. (Instructions for the profile update are available at the website)**

**FOR PSGH SECRETARIAT (ENDORSED BY):**

NAME: ..... POSITION: .....

SIGNATURE:..... DATE:.....