# APPENDIX I: APPLICATION FORM FOR INDIVIDUAL MEMBERSHIP

## February 2007

Please refer to the “Statutes for Country Associations, Addendum for Individual Membership” and to the “General Guidance Notes to an Application for Individual Membership”. Please complete the form in typescript or black ink using BLOCK CAPITALS.

**1. Personal Details**

|  |  |
| --- | --- |
| Title / Academic Degree |  |
| First / Middle Name |  |
| Last Name |  |
| Gender | [ ] Female [ ] Male [ ] Diverse |
| Date of Birth  | YYYY/MM/DD |

**2. Address and Current Employment**

|  |
| --- |
| *Please enter the address to which correspondence should be sent* |
| Full Address |  |
| Postcode |  |
| Email |  |
|  |  |
| *Please enter your job title, the name and address of your employer and daytime telephone number(s)* |
| Job Title |  |
| Company Name |  |
| Address |  |
| Postcode |  |
| Phone/Mobile |  |
| Email |  |

**3 Eligibility Criteria**

|  |  |
| --- | --- |
| Degree in Pharmacy |  |
| Honors class and division |  |
| Subject(s) of award |  |
| Institution |  |
| Country |  |
| Period of study | From To |
| Date of award |  |
|  |  |
| *Membership of National Professional Body (e.g. Royal Pharmaceutical Society of Great Britain)* |
| Date of Registration |  |
| Membership No. |  |
|  |  |
| *Membership of the General Anthroposophical Society (optional)* |
| Date of membership |  |
| Membership No. |  |

Copies of official documents to be included.

**4. Short Curriculum Vitae (C.V.)**

Relating to experience/knowledge and study in Anthroposophic Pharmacy.

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Details of present activities

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**5. Certification by Applicant**

I certify that the information given on this application form and in any attachment is correct to the best of my knowledge and belief.

I hereby apply for membership of the IAAP.

I understand that my application will be assessed by the appropriate membership panel of the IAAP.

I accept and abide by the guiding principles of the IAAP.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of the Applicant  |  | Date |

|  |
| --- |
| Annual fee payable on acceptance in €  |

Please send application form and copies of official documents to:

IAAP

Goetheanum

Medical Section

4143 Dornach

Switzerland