



COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a committee member with the College of Pharmacists of BC. Please complete this application form and fax it to the College office at 604.733.2493 or 800.377.8129. Should you have questions, contact the College by phone: 604.733.2440 or 800.663.1940 or email: info@bcpharmacists.org

Applicant Information

Ms Mrs Miss Mr Dr

Name

Last Name (Surname)

First Name

Other name(s)

Address

Registration #

Tel (*home*)

Tel (*work*)

City

Province

Email

Postal Code

Country

Which committee(s) are you interested in becoming a member of?

How many years have you been a practising pharmacist or pharmacy technician?

1 – 5 years 6 – 10 years 11 – 15 years 16 – 20 years 20+ years

Which is your primary practice setting?

Community Hospital Other (please specify) _____

What are your areas of expertise or special interests?

Why would you like to be a committee member?



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What special skills or attributes would you bring to your committee of interest?

Have you ever served on a committee?

- Yes
 No

If yes, please describe your experience and provide dates: _____

Please provide any additional information about yourself that would be relevant to your work as a committee member.

Volunteer Criteria

- I am a full pharmacist in good standing
- I am a full pharmacy technician in good standing
- I have been registered with the College of Pharmacists of BC for at least 1 year

Applicant Signature

Date

Please fax or email this form to:
College of Pharmacists of BC
Fax: 604.733.2493 or toll free 800.377.8129
Email: info@bcpharmacists.org