



# PAEDIATRIC ASSOCIATION OF NIGERIA

Tel: +2347037850012, e-mail: pan.nigeria@gmail.com, Web: www.pan-ng.org

## APPLICATION FOR MEMBERSHIP

Form to be filled in Applicant's own handwriting and returned to the Secretary PAN with a non-refundable fee of **Six Thousand Naira (N6,000:00)** in Bank Draft addressed to the Paediatric Association of Nigeria

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### PERSONAL INFORMATION

- 1. Full Name
- 2. Sex
- 3. Telephone
- 4. Nationality
- 5. E-mail

- 6. Address
- 7. Medical Schools attended

*Schools*

*Years*

- 8. Degrees, Diploma etc obtained

*Qualifications*

*Years Obtained*

- 9. Are you registered with Medical & Dental Council of Nigeria ?  Yes  No  
*If Yes, When?*

- 10. Appointments held

*Post*

*Location*

*Year*

### 11. PRESENT APPOINTMENT

### 12. Category of Membership sought

- 13. Name two Referees who are full Members of the Paediatric Association of Nigeria and obtain their written recommendation overleaf.

- (i) Name  Telephone
- Address  E-mail
- (ii) Name  Telephone
- Address  E-mail

Date

Signature of Applicant

(P.T.O.)

Referee:

1. Name

Address

Recommendation

Signature

Date

Referee:

2. Name

Address

Recommendation

Signature

Date

Successful Applicants will be required to pay the Membership fee on admission

**FOR OFFICE USE ONLY**

Application Successful.

Application Rejected.

Admitted to: Ordinary

Associate

Trainee Membership.

President

Secretary