

USHS MEMBERSHIP APPLICATION FORM

Dues for membership per year (Oct. 1st through Sept 30th)

Full Membership – Ug. Shs. 30,000/=

Associate Membership – Ug. Shs. 10,000/= (Option for undergraduate students only)

Yearly Subscription – Ug. Shs. 20,000/= (Paid together with membership at joining and members continue paying during the subsequent years)

Yes I wish to join USHS as a;

Full Member

Associate member

Name:
Company/ Organisation:
Work Address:
City/Town:
Mobile No:
E-mail:
Home Address:
City/Town:
Telephone:

Preferred mailing address: Work/Home (delete as applicable)

Please return the completed form to:
Uganda Society for Health Scientists
Makerere University,
College of Health Sciences,
Department of Anatomy Room C14
P.O.Box 663,
Kampala, Uganda.