



## 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](mailto: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?

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?**

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**Have you ever served on a committee?**

- Yes
- No

If yes, please describe your experience and provide dates: \_\_\_\_\_

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

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**Volunteer Criteria**

- I am a full pharmacist 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](mailto:info@bcpharmacists.org)