

WEST AFRICAN COLLEGE OF PHYSICIANS

6, TAYLOR DRIVE, OFF EDMUND CRESCENT,
MEDICAL COMPOUND, YABA, LAGOS

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DETAILS OF MEMBERSHIP

FORM B



SECTION A

NAME:.....

Surname First & Underlined

MAIDEN NAME:.....

DATE OF BIRTH

Current Address: Permanent Address (*for correspondence from the College*)

.....

.....

Tel/GSM:..... Tel/GSM:.....

Fax:..... Email:.....

Date of Examination Passed/A Copy of Result:.....

Faculty:.....

I (would/would not) be able to attend the Admission Ceremony in November:.....

(*Note: Failure to attend will attract a fine of \$200 or N92,000.00*)

Signature and Date

SECTION B (*To be filled by Two (2) Fellows of good standing with the College*)

I,attest that the above named is of good character and worthy to be admitted as a Fellow of the College.

.....
Signature and Date

I, attest that the above named is of good character and worthy to be admitted as a Fellow of the College.

.....
Signature and Date

For Official Use Only

Form A..... Checked by..... Date.....
Fellows standing..... Approved by..... Date.....
Fees.....