



WEST AFRICAN COLLEGE OF PHYSICIANS

6, Taylor Drive, Off Edmond Crescent, Yaba, Lagos.

Office Annex: 8 THORBORN AVENUE, SABO, YABA, LAGOS

P. M. B. 1021, YABA, LAGOS

TEL: +234 08094295385, 08176673531

Email: secgen@wac-physicians.org, ha@wac-physicians.org

www.wac-physicians.org

REQUIREMENTS FOR MEMBERSHIP REGISTRATION

- 1) Membership Fees (\$270)
- 2) PENALTY for not attending AGSM or Certificate of Attendance for the AGSM. (\$200)
- 3) Photocopy of West African College of Physicians Membership result.
- 4) **Fill Form B**

Pay online via College Website. (Please Payment to the bank or transfer is NO LONGER acceptable).

FOR ONLY MEMBERSHIP DUES PLEASE

Membership annual dues (\$80)

NOTE: *Payment of CASH is no longer allowed at the College.*