



WEST AFRICAN COLLEGE OF PHYSICIANS

6, TAYLOR DRIVE, OFF EDMUND CRESCENT,
MEDICAL COMPOUND, P. M. B. 2023, YABA, LAGOS
TEL:-+234 08176673531 - 2

Email: registrar@wac-physicians.org, adminofficer@wac-physicians.org
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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 N80,000.00)

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..... | | |