



# WEST AFRICAN COLLEGE OF PHYSICIANS *COLLÈGE OUEST AFRICAIN DES MÉDECINS*

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Dear Member/Fellow,

Please update your details with the College. This will enhance effective communication with you.

Names (IN

CAPITAL).....

Surname

First Name

Middle Name

Status: Member

Fellow

Male

Female

Year of Membership/Fellowship:

Country

Comm. Health	Family Medicine	Internal Medicine	Lab. Medicine	Paediatrics	Psychiatry
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Current address of place of work.....

.....

Permanent Home address (es):.....

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Current email address (es):.....

Telephone number (s):.....

Thank you.

**Dr. Albert Akpalu, FWACP (Int. Med)**  
**Secretary-General, WACP**