



African Pharmaceutical Distribution Association

PRELIMINARY INTEREST IN APDA / ADPA MEMBERSHIP

On behalf of _____,

I hereby express interest in joining the African Pharmaceutical Distribution Association (APDA)

as a _____ member.

Our organization agrees with the primary mission and purpose of the Association and attests that it will adhere to the conditions of membership and associated obligations, as determined by the Board of Directors and other members, so long as its membership remains active.

Agreed by:

Name

Title

Date

Signature