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**PCAU Mission: To promote and support affordable and culturally appropriate palliative care in Uganda**

**MEMBERSHIP FORMS**

Name:.....

Address.....

.....

Tel.....Email.....

Fax.....

Position.....

Place of Work.....

Membership fee (Per Year): please tick appropriate box.

Senior professionals and community based health workers i.e. spiritual workers, Traditional healers, community health care givers/volunteers	20,000/=
Students	10,000/=
District Palliative Care health facilities	250,000/=
Institutions/Organizations	1,000,000/=

**Membership benefits include**

1. Receiving advanced notice of: courses, update days etc. to be held concerning palliative care.
2. Receive a free copy of PCAU journal twice a year
3. Share and receive support from other members
4. Receive an updated list of members with contacts once a year
5. Invitation to quarterly seminar of palliative care association of Uganda
6. Voting rights
7. Access PCAU resource Center
8. Sponsorship to local, regional and international workshops whenever possible

Please return this form with payment to PCAU Secretariate

District .....Date .....