



2011 – 2012 MEMBERSHIP APPLICATION

(Membership period is July 1 to June 30)

All fields are required for membership and please print clearly.

First Name	Middle Initial	Last Name	Date of Birth
Home Address			
City	Province	Postal Code	
Home Telephone	Work Telephone	Fax	
E-mail Address (Please note that PAS is no longer mailing information out. All information will be sent via e-mail and posting to our website. See Privacy Statement below.)			
Place of Employment			

Privacy Statement:

The Pharmacists' Association of Saskatchewan is committed to protect the confidentiality and security of all our members Personal Information. We do not sell or give out any Personal Information to any organization, at any time, for any purpose.

Please note that only the malpractice insurance premium has changed this year.

✓	Membership Class	Description	Features	2011 - 2012 Fee
	Active Membership	Practicing Pharmacist	All benefits of membership including access to Malpractice	Malpractice \$110.00 GST \$20.48 Membership \$409.52 Total - \$540.00
	Active Membership Only Without Malpractice Insurance	Practicing Pharmacist Member Benefits NO ACCESS TO INSURANCE - I understand that I am declining malpractice insurance from PAS Print Name: _____ Signature: _____		Membership \$409.52 GST \$20.48 Total \$430.00
	Joint PAS/CSHP Membership	Practicing Pharmacist with membership in CSHP CSHP # _____	All benefits of membership including access to Malpractice	Malpractice \$110.00 GST \$10.00 Membership \$200.00 Total: \$320.00
	Joint PAS /CSHP Membership without Malpractice Insurance	Practicing Pharmacist with membership in CSHP I understand that I am declining malpractice insurance from PAS Print Name: _____ Signature _____ CSHP # _____		Membership: \$200.00 GST: \$10.00 Total \$210.00

Payment information:
(Please check which applies)

_____ I am paying for my membership fees.

_____ My Employer is paying for my membership fees and payment is included.

_____ My Employer is paying for my membership fees and payment is to follow.

Cheque/Money Order Amount \$ _____

Name on Cheque _____

PLEASE PRINT CLEARLY

Credit Card Charge Amount \$ _____

Credit Card # _____

Name on Credit Card _____

PLEASE PRINT CLEARLY

Visa MasterCard Expiry Date _____/_____

Signature of Authorization _____

I authorize the Pharmacists' Association of Saskatchewan to charge the amount stated above to my credit card.

FOR OFFICE USE ONLY

Date Approved _____

Credit Card Auth # _____

Initials _____