



2011 – 2012 Affiliate / Auxiliary 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
Place of Employment		
Work Address		
City	Province	Postal Code
Work Telephone	Mobile 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.)		

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 check box if you would like information on upcoming conference sponsorship and/or trade booths.

✓	Membership Class	Description	Features	2011 - 2012 Fee
	Affiliate Membership	Pharmacist who has an interest in the profession and affairs of PAS (Industry, Government) but is not currently practicing in Saskatchewan and/or does not require malpractice insurance	PAS Bulletins, emails and website access	Membership \$285.71 GST \$14.29 Total \$300.00
	Auxiliary Membership	Non-pharmacist who has an interest in the profession and affairs of PAS (Industry, Government, etc.)	PAS Bulletins, emails and website access	Membership \$285.71 GST \$14.29 Total \$300.00

**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
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiry Date _____/_____
Signature of Authorization _____ <i>I authorize the Pharmacists' Association of Saskatchewan to charge the amount stated above to my credit card.</i>

Please make your cheque payable to the Pharmacists' Association of Saskatchewan

FOR OFFICE USE ONLY
Date Approved _____
Credit Card Auth # _____
Initials _____