



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	Home Phone Number
Home Address			
City	Province	Postal Code	
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 note that only the malpractice insurance premium has changed this year.

Retired Pharmacist Membership	Pharmacist who has permanently ceased to practice pharmacy	Property, Auto INSURANCE programs <u>only</u>	Membership \$50.48 GST \$ \$2.52 Total \$53.00
--------------------------------------	--	---	---

Credit Card/Cheque/Money Order Amount \$ _____
Name on Cheque _____ PLEASE PRINT CLEARLY
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