



**PHARMACY
ASSOCIATION
OF SASKATCHEWAN**

700 – 4010 Pasqua Street / Regina, SK S4S 7N9
 Phone: (306) 359-7277 Fax: (306) 352-6770
 info@skpharmacists.ca www.skpharmacists.ca

2018 – 2019 Affiliate/Auxiliary Membership Application (Membership period is July 1, 2018 to June 30, 2019)

All fields are required for membership; please ensure you print clearly as this could delay your renewal.

First Name	Middle Initial	Last Name	Sex (M/F)
Name of Employer			
Job Title			
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 Pharmacy Association of Saskatchewan is committed to protect the confidentiality and security of all our members' personal information. We do not sell or give out information to any organization, at any time, for any purpose. By providing the Pharmacy Association of Saskatchewan (PAS) with your email address you are authorizing PAS to send you information via email.

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

✓	Membership Class	Description	Features	2018 - 2019 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 \$319.05 GST \$15.95 Total \$335.00
	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 \$319.05 GST \$15.95 Total \$335.00

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 enclosed Yes / No _____ Credit Card Charge Amount \$ _____
Credit Card # _____ CVC _____
Name on Credit Card _____
PLEASE PRINT CLEARLY
<input type="checkbox"/> Visa/Visa Debit <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Expiry Date _____ / _____ <div style="text-align: right; margin-right: 50px;">MM YY</div>
Signature of Authorization _____ <div style="text-align: center; margin-top: 5px;"> <i>I authorize the Pharmacy Association of Saskatchewan to charge the amount stated above to my credit card.</i> </div>

Please make your cheque payable to:

The Pharmacy Association of Saskatchewan
700 – 4010 Pasqua Street
Regina, SK S4S 2N9

FOR OFFICE USE ONLY
Date Approved _____
Initials _____