



PHARMACY
ASSOCIATION
OF SASKATCHEWAN

2018 - 2019 PAS Student Membership Application

\$26.25 (includes GST) Student membership year is October 1 to September 30

Please fill out all information requested and print clearly. Failure to do so will delay processing.

Name: _____
(Print Clearly)

Title: Mr Mrs Ms Sex: M F Date of Birth: _____
(Please check a box) (Please check a box) MM / DD / YY

Mailing Address: (Street, City, Prov., Postal Code) _____

Email: _____

Phone: _____ Current Year of Pharmacy Program: _____

_____ Date of Application (MM / DD / YY)

_____ Signature of Applicant
(To sign electronically, click [here](#) for directions or send an image of the signed form)

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 any Personal 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.

Cash / Cheque / Credit Card Amount	Amount \$ _____
Credit Card # _____	CVC # _____
PLEASE PRINT	
Name on Credit Card _____	
PLEASE PRINT	
<input type="checkbox"/> Visa/Visa Debit	<input type="checkbox"/> MasterCard
<input type="checkbox"/> American Express	Expiry Date _____ / _____
	MM YY
Signature of Authorization _____	
<i>By signing this you are allowing PAS to charge your credit card. (To sign electronically, click here for directions or send an image of the signed form)</i>	