



2018 – 2019 Retired 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	Home/Mobile Number
Home Address			
City	Province	Postal Code	
E-mail Address (Please note: 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 any 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.

✓	Retired Pharmacist Membership	Pharmacist who has permanently ceased to practice pharmacy	Bulletins, opportunity to serve on committees, conference discounts, continuation of optional life insurance.	Membership \$52.38 GST \$ \$2.62 Total \$55.00
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Cheque enclosed Yes / No _____ Credit Card Charge Amount \$ _____

Credit Card # _____ CVC # _____

Name on Credit Card _____

PLEASE PRINT CLEARLY

Visa/Visa Debit MasterCard American Express Expiry Date _____ / _____
MM YY

Signature of Authorization _____
I authorize the Pharmacy Association of Saskatchewan to charge the amount stated above to my credit card.

Please make your cheque payable to:

The Pharmacy Association of Saskatchewan
700 – 4010 Pasqua St.
Regina, SK S4S 7B9

FOR OFFICE USE ONLY	
Date Approved	_____
Initials	_____