



2019 – 2020 Affiliate/Auxiliary Membership Application (Membership period is July 1, 2019 to June 30, 2020)

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/Other)
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	2019 - 2020 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	_____ / _____
			MM	YY
Signature of Authorization _____				
<i>I authorize the Pharmacy Association of Saskatchewan to charge the amount stated above to my credit card.</i>				

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 _____