



2019 – 2020 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)	Date of Birth (mm/dd/yy)
Address				
City	Province	Postal Code	Home/Mobile Telephone	
E-mail Address (Please note that PAS no longer mails information out to members. All information will be sent via e-mail and posted to the PAS website. See Privacy Statement below.) PRINT VERY CLEARLY				
License Number	Work Telephone		Fax	
Work Site (Pharmacy Name, Pharmacy #, Address, City, Postal Code)				

Privacy Statement:

The Pharmacy Association of Saskatchewan (PAS) 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 PAS with your email address you are authorizing us to send you information via email.

New malpractice insurance information:

For all new malpractice applications (with the exception of new pharmacy graduates) during the course of the policy period being July 1, 2019 to July 1, 2020, the premium will be fulling earned, meaning full premium will be charged no matter the time of year.

✓	Membership Class	Description	Features	2019 - 2020 Fee
	Full Membership	Practicing Pharmacist	All benefits of membership including access to Malpractice	Membership \$385.00 Malpractice \$164.30 GST \$19.25 Total - \$568.55
	Full Membership Without Malpractice Insurance	Practicing Pharmacist Member Benefits NO ACCESS TO INSURANCE - I understand that I am declining malpractice insurance from PAS Signature: _____		Membership \$385.00 GST \$19.25 Total \$404.25

	Joint PAS/CSHP Membership	Practicing Pharmacist with membership in CSHP CSHP # _____	All benefits of membership including access to Malpractice	Membership \$246.00 Malpractice \$164.30 GST \$12.30 Total: \$422.60
	Joint PAS/ CSHP Membership without Malpractice Insurance	Practicing Pharmacist with membership in CSHP I understand that I am declining malpractice insurance from PAS Signature _____ CSHP # _____		Membership: \$246.00 GST: \$12.30 Total \$258.30

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.

Please make your cheque payable to:

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

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.

From time to time, PAS looks for members to join committees that we have. If you are interested, please check off which ones you would be interested in:

PAS Awards Committee

Professional Practice Committee

Economics Committee

Member Services Committee

Conference Committee

Other _____

FOR OFFICE USE ONLY

Date Approved _____

Initials _____