

2019 - 2020 PAS Student Membership Application

Student membership year is October 1 to September 30.

PAS Student Memberships are being offered no charge this year courtesy of sponsorship from the Saskatchewan College of Pharmacy and Nutrition.

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

Name:			
First	(Print Clearly)	Last	
Sex: M F F F	Prefer Not to say Other:	Date of Birth:/	DD / YY
Mailing Address:			
Street Number & Nan	ne or P.O. Box		
City	Province	Postal Code	
Email Address	(Print Clearly)		
DI 37 1		Current Year of Pharmacy Pro	gram:
Phone Number			
			/ DD / YY
Signature of Applicant			DD / YY
(To sign electronically, image of the signed for	click <u>here</u> for directions or send a m)	ìn	

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.