



Pharmacy STUDENT Membership Form
Pharmacy Association of Nova Scotia

Pharmacy STUDENT Information

Name: _____ NSCP Registration #: _____

Address: _____ Telephone: (H) _____

City: _____ (W) _____

Postal Code: _____ Fax: _____

Email: _____

Membership Type		<input checked="" type="checkbox"/>
1 st year STUDENT:	4 Year membership	<input type="checkbox"/>
2 nd Year STUDENT:	3 Year membership	<input type="checkbox"/>
3 rd Year STUDENT:	2 Year membership	<input type="checkbox"/>
4 th Year STUDENT:	1 Year membership	<input type="checkbox"/>

* The student fee does not include PANS liability or malpractice insurance.

NOTE: Student Membership Benefits: (a) Access to the PANS Website, (b) Access to any discounts that are made available through the membership committee: Such things as car rentals, hotels, etc., (c) PANS can provide students with the opportunity to seek jobs using the PANS website, (d) Student fee reduction for attendance at the PANS Conference. (e) Student members would have access to any PANS sponsored CE events, (f) Complete access to the members only area of the PANS website at: www.pans.ns.ca

Students are also reminded that membership in the Association provides them with a professional pharmacy affiliation.

Signature

I, the undersigned, request annual membership as a **student** member in the Pharmacy Association of Nova Scotia:

Signature: _____ Date: _____

Please forward completed Registration Form along with payment to:

Pharmacy Association of Nova Scotia
170 Cromarty Drive
Suite 225
Dartmouth, NS B3B 0G1
Phone: (902) 422-9583 Fax: (902) 422-2619

OFFICE USE ONLY

Date Approved: _____ Receipt #: _____