

# Individual Supporting Membership Form

## Individual Supporting Member Information

Name: \_\_\_\_\_

Corporation Name (If Applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_

\_\_\_\_\_

(W) \_\_\_\_\_

Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Membership Type

### FEES

**SUPPORTING:** Non-Voting Status (excludes Malpractice Insurance)

\$275.00 + 41.25 (HST) = \$316.25  
HST Registration #108092438

NOTE In return for your supporting membership, you will be placed on our mailing list, which will entitle you to receive the following:

- your personal copy of "The Pharmacist". Our new electronic bulletin, presently distributed to all pharmacists in Nova Scotia quarterly;
- a copy of the P.A.N.S. Annual Report;
- information on wages and benefits paid to those practicing pharmacists in Nova Scotia;
- copies of the various public relations endeavours of the P.A.N.S. Public Relations Committee;
- a password and ID such that you can enter the "members" pages at the PANS' website ([www.pans.ns.ca](http://www.pans.ns.ca)).

**Membership runs from July 1<sup>st</sup> to June 30<sup>th</sup>**

### Signature

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward completed Registration Form along with payment to: (Envelope Provided)

**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 #: \_\_\_\_\_