



Hospital Pharmacist Membership Form

Pharmacy Association of Nova Scotia

Pharmacist Information

Name: _____ NSCP Registration #: _____

Home Address: _____ Telephone: (H) _____

(W) _____

City: _____ Province: _____

Postal Code: _____ Fax: _____

Work Name: _____ Active CSHP #: _____

Work Address: _____ Year Graduated: _____

City: _____ Province: _____

Postal Code: _____

Email: _____

Membership Type

FEE (HST # 108092438)

Hospital Pharmacist
~ Excludes Voting Status

PANS Fee includes Dal CPE Levy of \$31.25	\$95.00
HST on PANS Fee	\$14.25
+ Liability Insurance (\$2,000,000.00 coverage)	\$150.00
= PANS Membership	<u>\$259.25</u>
Optional Additional Coverage (see insert)	\$ _____
Total:	\$ _____

NOTE This reduced membership fee is intended for pharmacists who work **solely in hospital pharmacies** and who are current/active CSHP members. If you work even one shift in community/retail pharmacy and/or you no longer have a current/active CSHP membership then please contact PANS for the proper membership form.

Signature

I, the undersigned, request annual membership in the Pharmacy Association of Nova Scotia as indicated above:

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 #: _____