



**Pharmacists'
Association of
Newfoundland &
Labrador**

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Fax: (709) 753-8882 or (709) 737-0917

ASSOCIATE MEMBERSHIP Application Form

PLEASE PRINT CLEARLY



First Name _____ Last Name _____ Title _____

Employer's Name (include any associated Trade Names) _____

Work Address: Street _____ City & Province _____ Postal Code _____

Work Phone Number/Other _____ Work Fax Number _____ Work Email _____

<p><i>Associate Member:</i> Any person who is employed directly or indirectly in the profession of pharmacy and who has an interest in the conduct of the profession in Newfoundland & Labrador and who is not otherwise eligible for membership as a Regular Member.</p>	<table> <tr> <td>\$ 250.00</td> <td>Registration Fee (<i>April 1, 2008 to March 31, 2009</i>)</td> </tr> <tr> <td><u>32.50</u></td> <td>HST #86818 5208 RT0001</td> </tr> <tr> <td>\$282.50</td> <td>Total</td> </tr> </table>	\$ 250.00	Registration Fee (<i>April 1, 2008 to March 31, 2009</i>)	<u>32.50</u>	HST #86818 5208 RT0001	\$282.50	Total
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\$282.50	Total						

PRIVACY STATEMENT

Your privacy is important to us. Some of the information you provide in this application may be considered personal information. PANL collects, uses and shares the information contained in this membership application for the sole purposes of processing your application and delivering PANL services, programs and publications to you.

PANL does not sell or in any other way provide your personal information to third parties not associated with the provision of PANL services, programs or publications. PANL uses appropriate safeguards to ensure that your personal information remains confidential. Should you choose not to provide information PANL is requesting in this membership application, you may limit your opportunity to receive information or benefits from some PANL services, programs or publications.

I, the undersigned, certify that the information contained in this application is complete and correct and authorize PANL to collect, use and share the information contained within this application for the sole purposes set out in the privacy statement noted above.



Member's Name (Please Print) _____ Member's Signature _____ Date Signed (mm/dd/yy) _____



Please make your cheque payable to: **Pharmacists' Association of Newfoundland and Labrador (PANL)**

Registration fee included with this form: \$ _____ Cheque Money Order Cash

Completed registration form with fee due on or before Friday, March 14, 2008

FOR OFFICE USE ONLY:

Processed by: _____ Date Processed (mm/dd/yy) _____ P/B _____ C/N _____