



**Pharmacists'  
Association of  
Newfoundland &  
Labrador**

85 Thorburn Road, Suite 203  
St. John's, NL A1B 3M2  
www.PANL.net

Tel: (709) 753-7881 or (866) 753-7881  
Fax: (709) 753-8882 or (709) 737-0917

## STUDENT MEMBERSHIP REGISTRATION Application Form

*PLEASE PRINT CLEARLY*



First Name Initials Last Name

Local Address: Street City & Province Postal Code

Local Phone Number Other Phone Number Local Email

### MUN School of Pharmacy

Eligible Pharmacy School School Email

Initial School Enrolment Date (Year Only) Current Year of Study Completion Date (Year Only)

#### 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 Signature

Date Signed (mm/dd/yy)

### Student registration required for eligibility in Student Awards and Programs

#### FOR OFFICE USE ONLY:

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