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## ASSOCIATE MEMBERSHIP Application Form

**PLEASE PRINT CLEARLY ANY CHANGES TO THE ABOVE**



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 \_\_\_\_\_

<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.	\$ 333.00	Registration Fee* ( <i>up to March 31<sup>st</sup>, 2010</i> )
	<u>43.29</u>	HST #86818 5208 RT0001
	<b>\$376.29</b>	<b>Total</b>

*Benefits of Associate Membership:* Subscription to newsletter (published 7 times a year), membership rates for conference and advertising and recognition as an Associate member on website.

### 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

### FOR OFFICE USE ONLY

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