

New Brunswick Pharmacists' Association Inc.  
 Suite 410, 212 Queen Street  
 Fredericton, New Brunswick  
 E3B 1A8  
 Tel: 1-888-358-2345 (506)459-6008  
 Fax: (506)453-0736 e-mail: nbpa@nbnet.nb.ca

**Voting Member  
 Data Sheet & Invoice**

You have two easy options.

- 1) Register ON-LINE. Avoid the paper hassle and save the postage! Go to [www.nbpharma.ca](http://www.nbpharma.ca) and click on the "Membership" button.
- 2) Complete and return this form along with payment.

Name: \_\_\_\_\_ Pharmacy: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home District: \_\_\_\_\_  
 (if different from above) Language: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

PLEASE COMPLETE BELOW AND FAX OR MAIL TO NBPA

A.  Yes, I will be a voting member of the New Brunswick Pharmacists' Association Inc. in 2010 \$103.59  
 (\$91.67 +11.92 (HST) September 1 – December 31

Please register me as a Regular  Corporate  Hospital  Student  (No Charge) member.

**REGULAR MEMBER**—any pharmacist or certified dispenser who is licensed in New Brunswick and either resides or is employed in New Brunswick.

**CORPORATE MEMBER**—any one person, designated by a pharmacy which pays "prescription fees" to the Association, who would otherwise qualify as a "Regular Member".

**HOSPITAL MEMBER**—any person who has directed that they be registered as per their primary occupation in a hospital or institution and would otherwise qualify as a "Regular Member".

**ASSOCIATE MEMBER** – any person who has a business association with pharmacists in New Brunswick.  
 (\$325.00 + 42.25 HST) \$\_\_\_\_\_

B. In addition I would like to purchase Professional Liability Insurance through the Association's Group Plan.

\$1 million coverage basic \$31.67 \$\_\_\_\_\_  
 (NOTE: meets NBPhS licensing requirements)

\$2 Million in total Coverage \$36.67 \$\_\_\_\_\_

\$3 Million in total Coverage \$53.33 \$\_\_\_\_\_

\$4 Million in total Coverage \$70.00 \$\_\_\_\_\_

\$5 Million in total Coverage \$86.67 \$\_\_\_\_\_

C. **GRAND TOTAL (Add 'A' plus your choice of 'B' options) PAYABLE TO NBPA** \$\_\_\_\_\_

D. Would you prefer to receive the NBPA newsletter: by e-mail  in print  or both ?

Cheque enclosed  Charge to Visa Account # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**NEW REQUIREMENT:** \_\_\_\_\_ 3 digit security number from back of card

Please note: NBPA Receipts will be issued upon receipt of payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

HST Reg.# 121791594RT0001

I am interested in participating in committee initiatives. Yes \_\_\_\_\_ No \_\_\_\_\_