

## Consider Joining the PEI Pharmacists Association Today!

### Why Join?

Membership in your professional Association is an important investment in your pharmacy career. We continue to make great progress in expanding the profile and scope of practice of our pharmacists!

**Being small in numbers, pharmacists ALL need to come together to ensure our voices are heard!**

**Membership provides you with career-enhancing opportunities and tools, including:**

- members-only access to publications and resources
- professional development
- first-rate professional liability insurance
- members-only access to publications and resources
- networking events
- ongoing advocacy support at both the provincial and national levels



**Money-saving opportunities & members-only perks include:**

- **Automatic associate membership in [CPhA](#)!**
- Save 20% on hotel bookings with [Choice Hotels Canada](#)
- Discounts on train travel with [VIA Rail](#)
- [Goodlife Fitness](#) Corporate Membership rates
- 50% discount on membership with the [American Pharmacists Association \(APhA\)](#)
- [Cineplex®](#) discount program
- [Telus mobility offer](#) with exclusive members-only pricing
- Discounts on hotel bookings and car rentals through the [Canadian Pharmacists Travel Affinity](#) program
- [QID](#) professional network for pharmacists
- [Travel Medicine](#) for Pharmacists e-training program
- Complimentary access to pharmacy practice and research [webinars](#)
- National advocacy updates from [Advocacy This Week](#)
- All [CPhA Associate benefits](#)
- FREE subscription to CPJ

**\*\*\*And more to come!!**



CANADIAN  
PHARMACISTS  
ASSOCIATION

ASSOCIATION DES  
PHARMACIENS  
DU CANADA



## Membership Registration Form April 1, 2017-March 31, 2018

### COMPLETE AND RETURN THIS FORM ALONG WITH PAYMENT.

Please make cheques payable to the PEI Pharmacists Association.

Email: peipharm@gmail.com Mail: PEI Pharmacists Association Inc., PO Box 24042, Stratford, PE C1B 2V5.

Name \_\_\_\_\_

Address \_\_\_\_\_

Workplace \_\_\_\_\_

Email (required) \_\_\_\_\_ Telephone \_\_\_\_\_

### A. Membership Dues: PEI Pharmacists Association

(\$295.00 + \$44.25 HST = \$339.25) (A)

**A** \$339.25

Canadian Pharmacists Association (CPhA) membership fee included in your Dues!

### B. Choose your Personal Liability Insurance Limit

**B**

CPBA Personal Malpractice Limit	Premium (B)
<input type="checkbox"/> \$2 000 000 per occurrence/\$4 000 000 aggregate	\$ 130.00
<input type="checkbox"/> \$5 000 000 per occurrence/\$5 000 000 aggregate	\$ 225.00
<input type="checkbox"/> Insurance Not Required (Other coverage** or Part B Registry)	n/a
<input type="checkbox"/> <b>Complementary</b> (secondary insurance option-see below) **	\$ 35.00

**TOTAL A + B**

(HST# 83404 2293 RT0001)

#### \*\*COMPLEMENTARY INSURANCE OPTION:

\*\*Members with other coverage may purchase a complementary policy (\$3 000 000 per occurrence/\$5 000 000 aggregate) for the great rate of \$35 that will cover any possible gaps to their employer's policy and/or increase limits of an employer's policy. Contact the Association for more details.

Required: Name of your employer or affiliate: \_\_\_\_\_ Insurer: \_\_\_\_\_

Current primary policy number: \_\_\_\_\_ & Limit of primary coverage: \_\_\_\_\_

#### Please Answer the Following:

Has a Pharmacist malpractice claim ever been made against you and/or the pharmacy you have been affiliated with? \_\_\_ Yes \_\_\_ No

Are you aware of any incidents or circumstances which could lead to a claim? \_\_\_ Yes \_\_\_ No

The PEI Pharmacists Association (PEIPhA) is seeking your express consent to stay in touch with you electronically. I agree to receive PEIPhA email communications which include newsletters, notifications and updates containing information about PEIPhA and its partners. You can withdraw or provide your consent at any time by contacting the Association. \_\_\_ Yes \_\_\_ No

The PEI Pharmacists Association can share the information provided with CPhA for membership purposes. \_\_\_ Yes \_\_\_ No

#### DECLARATION:

I declare that the above statements are true & that I have not omitted or suppressed or misstated any material facts.

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