



# Supporting Membership Registration Form

April 1, 2018-March 31, 2019

**NAME:** \_\_\_\_\_

**\*COMPANY, ASSOC. OR GROUP:** \_\_\_\_\_

**MEMBER'S MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**WORK PHONE (    )** \_\_\_\_\_ ; **FAX (    )** \_\_\_\_\_

**E-MAIL ADDRESS (PLEASE PRINT CLEARLY):** \_\_\_\_\_

**POSITION WITH COMPANY, ASSOC., OR GROUP:** \_\_\_\_\_

## ANNUAL DUES:

THE ANNUAL DUE FOR EACH SUPPORTING MEMBER SHALL BE:

<b>A</b>	<b>\$220.00</b>
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HST (HST # 80513 0390 RT0001)

<b>B</b>	<b>\$33.00</b>
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**TOTAL A + B**

<b>\$253.00</b>
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**\*ANY PERSON, SOCIETY, ASSOCIATION, COMPANY OR GROUP OF PERSONS WHO IS A MEMBER OF THE PHARMACEUTICAL INDUSTRY OF CANADA MAY BECOME A SUPPORTING MEMBER UPON PAYMENT OF THE ANNUAL DUE.**

**A SUPPORTING MEMBER'S REPRESENTATIVE SHALL BE ENTITLED TO ATTEND MEETINGS OF THE ASSOCIATION AND RECEIVE REPORTS THEREOF, BUT DOES NOT HAVE A VOTE.**