



Technician Membership Form

April 1, 2018-March 31, 2019

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

(\$100.00 + \$15.00 HST = \$115.00) **(A)**

A	\$115
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B. Personal Liability Insurance

CPBA Personal Malpractice Limit

\$2 000 000 per occurrence/\$4 000 000 aggregate

Premium **(B)**

\$ 50.00

B	\$50
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TOTAL A + B

\$165.00

Please Answer the Following:

Has a technician 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 _____

All personal information collected on this form will be handled in accordance with our Privacy Policy, found at www.peipharm.info.

PEI Pharmacists Association Inc.

PO Box 24042 Stratford, PE C1B 2V5 Tel: 902-367-7080 e-mail: peipharm@gmail.com Website: www.peipharm.info

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