



Supporting Membership Registration Form

April 1, 2017-March 31, 2018

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:

A	\$220.00
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HST (HST # 83404 2293 RT0001)

B	\$33.00
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TOTAL A + B

\$253.00

***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.