



# Technician Membership Form

April 1, 2019-March 31, 2020

**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)**

<b>A</b>	\$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>B</b>	\$50
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**TOTAL A + B**

\$165.00
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**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](http://www.peipharm.info).

**PEI Pharmacists Association Inc.**

PO Box 24042 Stratford, PE C1B 2V5    Tel: 902-367-7080    e-mail: [peipharm@gmail.com](mailto:peipharm@gmail.com)    Website: [www.peipharm.info](http://www.peipharm.info)

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