

**Please complete the following that is applicable:**

ACP Pharmacist License # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone:  Home  Cell \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

2018/2019 ANNUAL MEMBERSHIP - PRACTICING PHARMACIST	TOTAL
<b>RxA MEMBERSHIP</b> » (You can also register online at <a href="http://www.rxa.ca">www.rxa.ca</a> ) <div style="text-align: right;">\$425.00 + \$21.25 (GST) = \$446.25</div>	\$446.25
<b>OPTIONAL SERVICES</b>	
<input type="checkbox"/> ENVIRx » <i>Limit of One/Store—Non-Transferable</i> \$295 + \$14.75 (GST) = \$309.75 ACP Store Licence # _____ Store Name _____	
<b>GRAND TOTAL</b>	

**CPBA PROFESSIONAL LIABILITY INSURANCE**

Yes, I wish to purchase CPBA Professional Liability Insurance from RxA  
*Please complete the Professional Liability Insurance Application form and submit with this application.*  
 You can download the form here: <https://rxa.ca/professional-liability-insurance.aspx>

I decline to purchase CPBA Professional Liability Insurance from RxA at this time.  
*I understand that if I do not choose any of the insurance options enclosed I will not have insurance through CPBA.*

**CASL CONSENT**  Yes  No  
*Do you agree to receive email communications, which may include information on our advocacy efforts and issues affecting the profession, newsletters, promotional offers on products and services and other information from the Alberta Pharmacists Association? You may update your email preferences or withdraw your consent at any time.*

**PRIVACY STATEMENT**  
*Your privacy is important to us. The Alberta Pharmacists' Association does not sell or otherwise provide your personal information to third parties not associated with the provision of Alberta Pharmacists' Association services, programs or publications.*

*I, the undersigned, certify that the information contained in this application is complete and correct and authorize the Alberta Pharmacists' Association to collect, use and share the information contained within this application for the sole purposes set out in the privacy statement noted above.*

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

**Payment Options: Due by June 30, 2018**

**ONLINE: WWW.RXA.CA**

Visa  Mastercard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cheque

Alberta Pharmacists' Association (RxA)  
 1725, 10303 Jasper Avenue · Edmonton, AB · T5J 3N6  
 Tel: 780. 990.0326 | Fax: 780. 990.1236