

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: _____

| 2019 / 2020 ANNUAL MEMBERSHIP - PRACTICING PHARMACIST | TOTAL |
|---|----------|
| RxA MEMBERSHIP » (You can also register online at www.rxa.ca) $\$425.00 + \$21.25 \text{ (GST)} = \$446.25$ | \$446.25 |
| OPTIONAL SERVICES | |
| <input type="checkbox"/> ENVIRx » <i>Limit of One/Store—Non-Transferable</i> $\$295 + \$14.75 \text{ (GST)} = \$309.75$ ACP Store Licence # _____ Store Name _____ | |
| GRAND TOTAL | |

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, 2019 **ONLINE: WWW.RXA.CA**

Visa Mastercard Cheque

Card Number: _____ Alberta Pharmacists' Association (RxA)
 Expiry Date: _____ 1725, 10303 Jasper Avenue · Edmonton, AB · T5J 3N6
 Card Holder Name: _____ Tel: 780. 990.0326 | Fax: 780. 990.1236
 Signature: _____

GST Registration # 82905 51144