

Visit <https://nbpharma.ca/members/create-new-account> to create a new account / login to renew an existing membership online
OR complete and return this form with payment information to membership@nbpharma.ca.

MEMBER PROFILE – ALL FIELDS ARE REQUIRED. PLEASE PRINT.

Name: _____		Preferred Language: English <input type="checkbox"/> French <input type="checkbox"/>	
Home Mailing Address: _____		_____	
Street	City	County ("Other" if outside NB)	
_____		Phone: _____ cell <input type="checkbox"/> home <input type="checkbox"/>	
Province	Postal Code		
Email: _____		NBCP Licence Number: _____ <i>(leave blank if not yet assigned)</i>	
Employer (Pharmacy): _____		Work Phone: _____	
Do you intend to practice in Nova Scotia during this membership year? Yes <input type="checkbox"/> No <input type="checkbox"/>			

MEMBERSHIP – Membership dues include applicable HST. Pro-rated from September-December 2024. Please select one.

<p>VOTING MEMBERS: <i>must be licensed to practice in New Brunswick, and must either reside or be employed in New Brunswick.</i></p> <p><input type="checkbox"/> PHARMACIST – \$172.50 Includes interns and International Pharmacy Graduates. Please indicate if: <input type="checkbox"/> Corporate - Designated by a pharmacy that pays the voluntary levy. <input type="checkbox"/> Hospital - Primarily employed in a hospital or institution.</p> <p><input type="checkbox"/> PHARMACY TECHNICIAN – \$34.50</p>	<p>NON-VOTING MEMBERS:</p> <p><input type="checkbox"/> ASSOCIATE – \$195.50 Any person with an interest in the aims and objectives of the Association, who does not qualify as a voting member.</p> <p><input type="checkbox"/> STUDENT – \$11.50 Enrolled as a student in a school, faculty, college of pharmacy, or accredited pharmacy technician program. Please indicate: <input type="checkbox"/> Pharmacy Student <input type="checkbox"/> Pharmacy Technician Student</p> <p><input type="checkbox"/> RETIRED – \$46.00 Any person who was formerly a voting member and is now fully retired.</p>
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PROFESSIONAL LIABILITY INSURANCE – Optional. Pro-rated from September-Dec 2024. Please select one.

Covers practice in all provinces across Canada, except Quebec. Note that minimum coverage requirements vary by province. In millions of dollars.

	PHARMACISTS:	TECHS & STUDENTS:
\$1M per occurrence, \$2M total coverage – <i>Licensed Pharmacy Technicians and students only. Not valid in Nova Scotia.</i>	N/A	\$15 <input type="checkbox"/>
\$2M per occurrence, \$4M total coverage – <i>Minimum for pharmacists. Includes \$25,000 legal expense reimbursement for students only.</i>	\$35 <input type="checkbox"/>	\$20 <input type="checkbox"/>
\$3M per occurrence, \$5M total coverage – <i>Recommended for practitioners who administer injections.</i>	\$50 <input type="checkbox"/>	\$25 <input type="checkbox"/>
\$4M per occurrence, \$5M total coverage	\$60 <input type="checkbox"/>	\$30 <input type="checkbox"/>
\$5M per occurrence, \$5M total coverage – <i>Recommended for pharmacists practicing in clinics.</i>	\$75 <input type="checkbox"/>	\$40 <input type="checkbox"/>

LEGAL EXPENSE REIMBURSEMENT FUND – Optional add-on. Pro-rated from June-Dec 2024. Premiums stated are for all members. Please select one.

Covers reasonable expenses in the defense of a complaint(s) to Professional Regulatory Entities and/or Disciplinary hearings under any Provincial College of Pharmacists.

\$25,000 per occurrence, \$50,000 total coverage	\$10 <input type="checkbox"/>
\$50,000 per occurrence, \$50,000 total coverage	\$15 <input type="checkbox"/>
\$100,000 per occurrence, \$100,000 total coverage	\$20 <input type="checkbox"/>

PAYMENT – Receipts will be issued upon processing of payment.

<p>Membership Dues: \$ _____</p> <p>Liability Insurance Premium: + \$ _____</p> <p>Legal Expense Fund Premium: + \$ _____</p> <p>TOTAL (Amount Due) = \$ _____</p>	<p>TO PAY BY VISA OR MASTERCARD</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Credit Card #:</td> <td style="width:30%;">Expiry (MM/YY):</td> </tr> <tr> <td>Billing Address Postal Code:</td> <td>3-digit security code:</td> </tr> <tr> <td>Signature:</td> <td>Date:</td> </tr> </table>	Credit Card #:	Expiry (MM/YY):	Billing Address Postal Code:	3-digit security code:	Signature:	Date:
Credit Card #:	Expiry (MM/YY):						
Billing Address Postal Code:	3-digit security code:						
Signature:	Date:						

By providing personal information to NBPA you agree and consent to the collection, use and disclosure of this information in accordance with the Privacy Policy.