

Pandemic Emergency Membership Form

LICENSED PHARMACY TECHNICIANS

Name: _____ Pharmacy: _____

Home Mailing Address: _____

Home Tel: _____ Cell: _____ Work Tel: _____

REQUIRED E-mail: _____ Language: English French District: _____

Pandemic Emergency Memberships: WAIVED (\$60.00 + HST \$9.00 = \$69.00)

Professional Liability Insurance Options:

Licensed Technicians, Pharmacy Students & Technician Students

\$ 1 million coverage, \$ 2 million aggregate
 (NOTE: meets NBCP Pharmacist licensing requirements) \$ 40.00

\$2 million coverage, \$ 4 million aggregate \$ 50.00

\$3 Million in total coverage, \$ 4 million aggregate \$ 75.00

\$4 Million in total coverage, \$ 4 million aggregate \$ 90.00

\$5 Million in total coverage, \$ 5 million aggregate \$110.00

Legal Expense Reimbursement Endorsement (Optional)

\$25,000 per occurrence/ \$50,000 aggregate \$ 30.00

\$50,000 per occurrence/ \$50,000 aggregate \$ 40.00

\$100,000 per occurrence/ \$100,000 aggregate \$ 50.00

Liability Insurance Total \$ _____

Membership & Liability Insurance Total \$ _____

By providing Personal Information to NBPA you agree and consent that we may collect, use and disclose your Personal Information in accordance with the Privacy Policy.

___ Cheque enclosed ___ Charge to Visa or MC Account # _____

Expiry date: _____ **REQUIREMENT:** _____ 3 digit security number from back of card.

Please note: NBPA Receipts will be issued upon receipt of payment.

Signature _____

Date _____