

New Brunswick Pharmacists' Association
Suite 410, 212 Queen Street
Fredericton, NB E3B 1A8
Tel: 1-888-358-2345 506-459-6008
Fax: 1-506-453-0736 e-mail: nbpa@nbnet.nb.ca

Pharmacist Member Data Sheet/Invoice
January to December 2020

Pandemic Emergency Membership Form

Name: _____ Pharmacy: _____
Home Mailing Address: _____
Home Tel: _____ Cell: _____ Work Tel: _____
REQUIRED E-mail: _____ Language: English French District: _____

Pandemic Emergency Membership: WAIVED (\$405.00 +60.75 HST = \$465.75)

Professional Liability Insurance Options:

\$2 million coverage, \$ 4 million aggregate
(NOTE: meets NBCP Pharmacist licensing requirements)

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

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

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

Legal Expense Reimbursement Endorsement (Optional)

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

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

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

Liability Insurance Total

Pharmacists/Interns

\$ 100.00

\$ 150.00

\$ 180.00

\$ 220.00

\$ 30.00

\$ 40.00

\$ 50.00

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 _____

HST Reg.# 121791594RT0001 I am interested in participating in committee initiatives. Yes _____ No _____

Possible areas of interest (Circle choice(s)): Engage/Enlarge Membership Facilitate Transformation of Profession
Demonstrate Value of Pharmacy Services Adapt Governance