

New Brunswick Pharmacists' Association
 Suite 410, 212 Queen Street
 Fredericton, NB E3B 1A8
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 Fax: 1-506-453-0736 e-mail: membership@nbpharma.ca

Pharmacist Member Data Sheet/Invoice

January to December 2023

There are two options to register:

- (1) Online at www.nbpharma.ca to create a new account or renew a membership
- (2) Complete (print) and return this form with payment to the address above

Name: _____	Pharmacy: _____			
Home Mailing Address: _____				
Home Tel: _____	Street _____	City _____	Province _____	Postal Code _____
Cell: _____	Work Tel: _____			
REQUIRED E-mail: _____		Language: English French		District: _____
Voting Memberships: (\$430.00 +64.50 HST = \$494.50)				
REGULAR MEMBER: any pharmacist or certified dispenser who is licensed in New Brunswick and either resides or is employed in New Brunswick. (Includes Non-Voting International Pharmacy Graduates)				<input type="checkbox"/>
CORPORATE MEMBER -any one person, designated by a pharmacy which pays "prescription fees" to the Association, who would otherwise qualify as a "Regular Member".				<input type="checkbox"/>
HOSPITAL MEMBER -any person who has directed that they be registered as per their primary occupation in a hospital or institution and would otherwise qualify as a "Regular Member".				<input type="checkbox"/>
Non-voting Memberships:				
RETIRED MEMBER – any person who was formerly a "Voting member" and resides in New Brunswick and is now fully retired from the profession of pharmacy. (\$110.00 + HST 16.50 = 126.50)				<input type="checkbox"/>
ASSOCIATE MEMBER – any person who has a business association with pharmacists in New Brunswick. (\$500.00 + 75.00 HST = \$575.00)				<input type="checkbox"/>
Membership Total				\$ _____

Professional Liability Insurance Options:	Pharmacists
\$2 million coverage, \$ 4 million aggregate (NOTE: meets NBCP Pharmacist licensing requirements)	\$ 100.00 <input type="checkbox"/>
\$3 Million in total coverage, \$ 5 million aggregate	\$ 150.00 <input type="checkbox"/>
\$4 Million in total coverage, \$ 5 million aggregate	\$ 180.00 <input type="checkbox"/>
\$5 Million in total coverage, \$ 5 million aggregate	\$ 220.00 <input type="checkbox"/>
Legal Expense Reimbursement Endorsement (Optional)	
\$25,000 per occurrence/ \$50,000 aggregate	\$ 30.00 <input type="checkbox"/>
\$50,000 per occurrence/ \$50,000 aggregate	\$ 40.00 <input type="checkbox"/>
\$100,000 per occurrence/ \$100,000 aggregate	\$ 50.00 <input type="checkbox"/>
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 _____