

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: membership@nbpharma.ca

Technicians and Students 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: _____			
Street	City	Province	Postal Code
Home Tel: _____	Cell: _____	Work Tel: _____	
REQUIRED E-mail: _____		Language: English French	District: _____
Non-voting Memberships:			
LICENSED PHARMACY TECHNICIANS		(\$75.00 + HST \$11.25 = \$86.25)	<input type="checkbox"/>
STUDENTS	Pharmacy Student	(\$20.00 + HST \$3.00 = \$23.00)	<input type="checkbox"/>
	Pharmacy Technician Student	(\$20.00 + HST \$3.00 = \$23.00)	<input type="checkbox"/>
Membership Total			\$ _____

Professional Liability Insurance Options:	Licensed Technicians, Pharmacy Students & Technician Students	
\$ 1 million coverage, \$ 2 million aggregate (NOTE: meets NBCP Pharmacist licensing requirements)	\$ 40.00	<input type="checkbox"/>
\$2 million coverage, \$ 4 million aggregate	\$ 50.00	<input type="checkbox"/> Includes \$25,000 legal defense reimbursement for students only at no additional cost
\$3 Million in total coverage, \$ 5 million aggregate	\$ 75.00	<input type="checkbox"/>
\$4 Million in total coverage, \$ 5 million aggregate	\$ 90.00	<input type="checkbox"/>
\$5 Million in total coverage, \$ 5 million aggregate	\$110.00	<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 _____

HST Reg.# 121791594RT0001