

Together, We can Make a Difference

Volunteer and get involved in 2009/2010!

Please specify your level of interest:

Branch Level and/or National Level

Please indicate your area(s) of interest:

<input type="checkbox"/> Advocacy Committee
<input type="checkbox"/> Awards Committee
<input type="checkbox"/> Awards Program (review of submissions)
<input type="checkbox"/> Board of Fellows
<input type="checkbox"/> Bylaws Committee
<input type="checkbox"/> Canadian Hospital Pharmacy Residency Board
<input type="checkbox"/> CJHP (review of submissions)
<input type="checkbox"/> CJHP Editorial Board
<input type="checkbox"/> CSHP 2015 Steering Committee
<input type="checkbox"/> Educational Services Committee (PPC/SES planning)
<input type="checkbox"/> Finance Committee
<input type="checkbox"/> Government and Health Policy Planning Committee
<input type="checkbox"/> Management Leadership
<input type="checkbox"/> Membership Committee
<input type="checkbox"/> Pharmacy Specialty Network (PSN) Chair Your specialty area:
<input type="checkbox"/> Practice Standards Steering Committee (standards, guidelines, statements, and information papers)
<input type="checkbox"/> Research Committee
<input type="checkbox"/> Research and Education Foundation
<input type="checkbox"/> Speaker (PPC/SES) Topic:
<input type="checkbox"/> Other Interests:

CSHP's Privacy Statement

The information you provide to CSHP such as your name, address and email address is used to notify you of issues, events, activities or special offers. From time to time, we make our membership list available to specific reputable companies and organizations whose products and/or services may be beneficial to you.

Check here if you **do not** want CSHP to share your contact information with other companies or organizations.

MEMBERSHIP APPLICATION



The Canadian Society of Hospital Pharmacists (CSHP) is the national voice of pharmacists committed to the advancement of safe, effective medication use and patient care in hospitals and related health care settings.



Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

2009-2010 Membership Fees

Branch†	Active/ Supporting	New Active/ Supporting Year 1 Save 50%	New Active/ Supporting Year 2 Save 25%	Active-in- Training**	Joint	Leave of Absence	Retired Save 50%	Student**
Alberta	\$246.76	\$123.38	\$185.06	\$66.83	\$202.46	\$127.34	\$123.38	\$46.97
British Columbia	\$246.76	\$123.38	\$185.06	\$66.83	\$202.46	\$127.34	\$123.38	\$46.97
Manitoba	\$261.76	\$130.88	\$196.31	\$81.83	\$217.46	\$142.34	\$130.88	\$46.97
New Brunswick	\$285.56	\$142.78	\$214.16	\$71.92	\$237.89	\$157.05	\$142.78	\$50.54
Newfoundland & Labrador	\$275.56	\$137.78	\$206.66	\$81.92	\$227.89	\$147.05	\$137.78	\$52.54
Nova Scotia	\$285.56	\$142.78	\$214.16	\$91.92	\$237.89	\$157.05	\$142.78	\$50.54
Ontario	\$315.01	\$157.51	\$236.25	\$72.08	\$270.71	\$195.59	\$157.51	\$52.22
Prince Edward Island	\$246.76	\$123.38	\$185.06	\$66.83	\$202.46	\$127.34	\$123.38	\$46.97
Quebec	\$266.76	\$133.38	\$200.06	\$70.83	\$222.46	\$147.34	\$133.38	\$50.97
Saskatchewan	\$246.76	\$123.38	\$185.06	\$66.83	\$202.46	\$127.34	\$123.38	\$46.97
US*	\$235.01	\$117.50	\$176.25	\$63.65	\$192.82	\$121.28	\$117.50	\$44.73
International*	\$235.01	\$117.50	\$176.25	\$63.65	\$192.82	\$121.28	\$117.50	\$44.73

Membership fees include national & branch fees (if any) and all applicable GST/HST.

The CSHP membership year runs from July 1, 2009 to June 30, 2010. Join or renew as early as April 1, 2009 to receive up to 15 months of membership at no additional cost. Fees are valid until June 30, 2010. Full fees are payable throughout the year.

* Members residing in Yukon Territory, Northwest Territories or Nunavut may choose to be affiliated with any branch.




** US and International members pay the national fee only and are GST/HST exempt. Those who wish to join a provincial branch must pay the applicable branch fee. Please contact CSHP for pricing details.

** Photocopy of student card, letter of acceptance or current transcript is required to secure the Student or Active-In-Training rates.

Application Form

CONTACT INFORMATION		
NAME (Please include professional degrees, e.g. BScPharm) <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
TITLE/POSITION (e.g., Director of Pharmacy, Pharmacy Student/Resident)		
GRADUATING YEAR (Undergraduate Pharmacy)		
HOSPITAL/FACULTY/COMPANY		
PRIMARY MAILING ADDRESS (Required - used for contact purposes) <input type="checkbox"/> Residential <input type="checkbox"/> Business		
CITY	PROVINCE/STATE	POSTAL/ZIP CODE
ALTERNATE ADDRESS (Optional)		
CITY	PROVINCE/STATE	POSTAL/ZIP CODE
EMAIL (required to receive the eBulletin, e-announcements and to access the members' area of the CSHP website)		
BUSINESS PHONE	HOME PHONE	
DID A CSHP MEMBER ENCOURAGE YOU TO JOIN? (Provide name of referring member)		

TYPE OF MEMBERSHIP	
<input type="checkbox"/> Active	\$
<input type="checkbox"/> Active-In-Training	\$
<input type="checkbox"/> Joint	\$
<input type="checkbox"/> Leave of Absence	\$
<input type="checkbox"/> Retired	\$
<input type="checkbox"/> Student	\$
<input type="checkbox"/> Supporting	\$
R&E Foundation donation (optional) (Tax receipts issued, reg. no. 0876409-19)	\$
TOTAL (\$Cdn) GST # R106866940	\$

PAYMENT METHOD	
<input type="checkbox"/> Cheque (enclosed), payable to CSHP	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
<input type="checkbox"/> SPLIT PAYMENT PLAN* Payable Upon Joining – \$	November 1, 2009 – \$
NAME ON CREDIT CARD	
CARD NUMBER	EXPIRY DATE
SIGNATURE	

Preferred language: English French

***Split Payment:** Active and supporting dues may be paid in two installments, the first payable upon joining, and the second payable on/before November 1, 2009. Both payments must accompany this form, either as two separately dated cheques or as authorization to charge a credit card on both dates. The same credit card must be used for both payments. Two separate receipts will be issued within 30 days of each payment being processed.

Mail or fax to: **Canadian Society of Hospital Pharmacists**
Attn: Robyn Rockwell, Membership Administrator
30 Concourse Gate, Unit #3, Ottawa, ON K2E 7V7
Tel: 613-736-9733, Ext 222 • Fax: 613-736-5660