



Hospital Corporate Supporter Application • July 1, 2021 to June 30, 2022

Corporate Administrator	
Provide the name of your account administrator below (all fields are required):	
NAME:	
TITLE/POSITION:	
COMPANY:	
ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
TELEPHONE:	EMAIL:
Corporate Dues	
Corporate Fee (select one)	<ul style="list-style-type: none"> • Single Site Health Organization \$1509 • Multiple Site Health Organization: <ul style="list-style-type: none"> - 2 to 10 sites with pharmacists \$2974 - 11 or more sites with pharmacists \$5954
Add applicable tax (#R106866940) 5% AB, BC, MB, NT, NU, QC, SK, YT; 13% ON; 15% NB, NL, NS, PE	\$
TOTAL	\$
Information for Multiple Site Health Organizations	
List all of the hospitals/health centres that are part of your organization. If there are more than 10 sites, attach an additional list, or email your full list to membershipservices@cshp.ca .	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
Payment Information	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque	
NAME OF CARDHOLDER	CARD NUMBER
EXPIRY DATE	SIGNATURE

You may return your completed form by email to membershipservices@cshp.ca
 Canadian Society of Hospital Pharmacists, Attn: Membership Services
 30 Concourse Gate, Unit 3, Ottawa, ON K2E 7V7
 Toll Free: 1 (877) 340-2756, ext. 222 • Fax: (613) 736-5660 • Email: membershipservices@cshp.ca