



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

Company Administrator	
Provide the name of your account administrator (all fields are required):	
NAME:	
TITLE/POSITION:	
COMPANY:	
ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
TELEPHONE:	EMAIL:
Corporate Designates (5 individuals)	
Provide the names of up to five employees from your organization to receive individual supporter benefits, such as website access, CSHP email, and subscriptions to the <i>Canadian Journal of Hospital Pharmacy (CJHP)</i> and PSN Communities (all fields required):	
1. NAME:	
TITLE/POSITION:	
TELEPHONE:	EMAIL:
2. NAME:	
TITLE/POSITION:	
TELEPHONE:	EMAIL:
3. NAME:	
TITLE/POSITION:	
TELEPHONE:	EMAIL:
4. NAME:	
TITLE/POSITION:	
TELEPHONE:	EMAIL:
5. NAME:	
TITLE/POSITION:	
TELEPHONE:	EMAIL:

Corporate Dues	
Corporate Fee	\$ 3,798.00
Add applicable tax (#R106866940) (Québec 5% GST, Ontario 13% HST)	\$
TOTAL	\$
Payment Information	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque	
CARD NUMBER	EXPIRY DATE
NAME OF CARDHOLDER	SIGNATURE

You may return your form by email to membershipservices@cshp.ca.

Membership Services
 Canadian Society of Hospital Pharmacists
 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