



Industry Corporate Supporter Application • July 1, 2023 to June 30, 2024

Company Administrator	
Please designate one employee to administer the organization's account for the term. Provide the name of this person below (all fields are required):	
NAME:	
TITLE/POSITION:	
COMPANY:	
ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
TELEPHONE:	EMAIL:
Corporate Designates (5 individuals)	
You may designate up to five employees from your organization to receive individual supporter benefits for the term, such as website access, CSHP email, and subscriptions to the <i>Canadian Journal of Hospital Pharmacy (CJHP)</i> and PSN Communities. Provide the names of these individuals below (all fields are 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
Please 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 mail, fax, or email.

Membership Services
 Canadian Society of Hospital Pharmacists
 30 Concourse Gate, Unit 3, Ottawa, ON K2E 7V7

Phone: (613) 736-9733 • Fax: (844) 438-9397 • Email: membershipservices@cshp.ca