



## Industry Corporate Supporter Application • July 1, 2024 to June 30, 2025

Company Administrator	
Please designate one employee to administer the organization's account for the term. This individual receives access to member content on CSHP.ca and a subscription to CSHP newsletters. <b>Provide the name of this person below (all fields are required):</b>	
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 access to member content on CSHP.ca, subscriptions to CSHP and branch newsletters, supporter registration rates at select CSHP events, subscriptions to the <i>Canadian Journal of Hospital Pharmacy (CJHP)</i> and PSN Communities, and more. <b>Provide the names of these individuals below (all fields are required):</b>	
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	\$ <b>3,798.00</b>
Please add applicable tax (#R106866940) (Québec <b>5%</b> GST, Ontario <b>13%</b> 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 27, Ottawa, ON K2E 7V7

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