



## Instructions:

- 1: Save this PDF to your desktop
- 2: Fill in all form fields and save for your records
- 3: Remember to send your student verification
- 4: Return your application by mail, fax, or email

## Student Pharmacist Supporter Form

January 1 - June 30, 2019

For student pharmacists in their fourth year of undergraduate studies with a convocation between January 1 and June 30, 2019.

Contact Information				
Mr.	Ms.	Mrs.	Dr.	CSHP Number (if renewing):
First Name:		Middle Initial: (Optional)	Last Name:	
Faculty of Pharmacy:			Graduating Year: <i>(undergraduate pharmacy)</i>	
Email:			Name of person who referred you to CSHP:	
Would you recommend CSHP to a colleague or friend?				
Please select a value between 1-5 (1 - Definitely would not; 5 - Definitely would)				
			1	2
			3	4
			5	

Mailing Address				
Primary Address (required, used for contact purposes)		Residence Business	Alternate Address (optional)	Residence Business
Street:			Street:	
City:			City:	
Province:	Postal Code:		Province:	Postal Code:
Telephone:			Telephone:	

Branch & Chapter Selection	
Please select your affiliated branch (Match to province of residence. Residents of Yukon Territory, Northwest Territories, or Nunavut may select any branch.)	If you are joining the Ontario branch, please select your <a href="#">chapter</a>

Language Spoken	
English	French

### Communication Preferences

The information you provide to CSHP is used to notify you of issues, events, activities or special offers. If you would like to update your privacy settings, please login to [my.cshp.ca](http://my.cshp.ca). Occasionally, we may provide our distribution list 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.

2019 Student Pharmacist Supporter Fee					
Branch <sup>†</sup>	Branch Fee	National Fee	Branch GST	Tax	TOTAL
Alberta		\$31.50		\$1.58	\$33.08
British Columbia		\$31.50		\$1.58	\$33.08
Manitoba		\$31.50		\$1.58	\$33.08
New Brunswick		\$31.50		\$4.73	\$36.23
Newfoundland & Labrador	\$2.50	\$31.50		\$4.73	\$38.73
Nova Scotia		\$31.50		\$4.73	\$36.23
Ontario	\$2.50	\$31.50	\$0.33	\$4.10	\$38.42
Prince Edward Island		\$31.50		\$4.73	\$36.23
Quebec		\$31.50		\$1.58	\$33.08
Saskatchewan		\$31.50		\$1.58	\$33.08
USA/International**		\$31.50		\$0.00	\$31.50

<sup>†</sup>If you reside in the Yukon, Northwest Territories or Nunavut, you may choose to be affiliated with any branch.

\*\*US and International Student Supporters pay the national fee only and are tax exempt. Those who wish to join the Ontario or Newfoundland & Labrador branches must pay the applicable branch fee.

Student Pharmacist Supporters are pharmacist students who are enrolled in a first professional degree in a pharmacy program. **A copy of a valid student card is required.**

Please tell us where you hope to work upon graduation. Check all that apply.

- |                        |                                |                         |                   |
|------------------------|--------------------------------|-------------------------|-------------------|
| Academia               | Community Pharmacy             | Hospital Residency      | Teaching Hospital |
| Cancer Agency          | Consulting                     | Long-term Care Facility | Other             |
| Community-based Clinic | Government Ministry/<br>Agency | Pharmaceutical Industry |                   |
| Community Hospital     |                                | Regulatory Authority    |                   |

Payment Information				
FEE (please enter appropriate amount):	cheque (payable to CSHP)	VISA	Mastercard	Amex
Donation to the <a href="#">CSHP Foundation</a> (voluntary) Receipts issued for donations over \$25):	Name on card:			
TOTAL FEES:	Card number:	Expiry:		
	Signature:			

Please fill out this form on screen and print to return by mail or fax. Save your application as an attachment in order to return by email. **Attach verification of enrollment (such as a student card or other official document) to your application.**

Canadian Society of Hospital Pharmacists, Attn: Membership Services  
 30 Concourse Gate, Unit #3, Ottawa, Ontario, K2E 7V7, Canada  
 Tel: 877-340-2756, ext. 222 • Fax: 613-736-5660 • Email: [membershipservices@cshp.ca](mailto:membershipservices@cshp.ca)