



**PASLInc MEMBERSHIP CATEGORIES**

- Active Member**  
\$100.00  
**(Pharmacist) (FM)**

**Associate:**

- Pharmacy Technician**  
\$50.00 **(PT)**

- Pharmacy Student**  
\$25.00 **(PS)**

- Pharmacy Owner**  
\$150.00 **(PO)**

- Allied Health Professional**  
\$150.00 **(AP)**

**Honorary:**

- Retired Registered Pharmacist**  
\$25.00 **(R.R.Ph)**

DATE \_\_\_\_\_

**NEW MEMBER PROFILE**

*(Please print or attach your business card)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Title/Position \_\_\_\_\_

Business/School Address \_\_\_\_\_

City/Country \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Preferred Mailing Address  Home  Business/School

Preferred E-mail Address \_\_\_\_\_

Committees are important to improve the scope of activities of the Association  
And also to foster active participation of members in all activities.

- Fund Raising Committee  Membership Receiving Committee
- Outreach Committee  Public Relations Committee
- Education Support Committee  Conference Committee

**PAYMENT OPTIONS** *(Please choose one)*

- Annual Payment  2 Installment Payment

All payments must be made on an EC Bank , in EC/US Dollars only  
Make all Cheques payable to PASL Inc.

PASL Inc. Membership Total \$ \_\_\_\_\_

Check is Enclose for \$ \_\_\_\_\_

**Charge to:**  Visa  Master Card  Discover  American Express

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (Required) \_\_\_\_\_