



PASLINC. MEMBERSHIP CATEGORIES

Active Member (Pharmacist) (FM) \$100.00

Associate:

Pharmacy Technician (PT) \$50.000

Pharmacy Student (PS) \$25.00

Pharmacy Owner (PO) \$150.00

Allied Health Professional (AP) \$150.00

Honorary:

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

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

PAYMENT OPTIONS *(please choose one)*

Annual Payment 2 Instalment Payment

You may pay your fees to “Pharmaceutical Association of St. Lucia Inc” using any one of the methods

Draft drawn on a St. Lucia Bank

Personal cheque from a St. Lucian Bank

International money order

PASLINC. Membership Total \$ _____

Check is Enclose for \$ _____

Signature (Required) _____