

PRINCE EDWARD ISLAND PHARMACY BOARD ASSOCIATE RENEWAL APPLICATION

Box A: Contact Information			
Make any changes to the information shown below directly on this form. Please print clearly			
Date			
Name		PE Registration No.	
Street Address (Home)			
City	Province	Country	Postal Code
Phone(Home)		E-Mail Address	
Business Name			
Street Address (Business)			
City	Province	Country	Postal Code
Phone(Business)	Fax (Business)	E-Mail Address	
Mail Preference			
Home			
Business			

Box B: Fees
The annual fee for registration as a non-practicing associate is \$200.00

Box C: Signature	
I have read the Pharmacy Act and Regulations of Prince Edward Island and understand that, as a non-practicing associate, I do not have the authority to practice pharmacy.	
_____ Signature of Applicant	_____ Date

CHEQUES MAY BE POST-DATED TO MARCH 31