



APPLICATION FOR MEMBERSHIP

(Please Print)

Title	First Name	Usual Name	Middle Name(s)	Last Name
P.O. Box/Apt #	Street Address		City	Prov. Postal Code
Phone: _____		Email Address: _____		

MEMBER INFORMATION

Practising _____ Non Practising _____ Associate _____ Retired _____

Primary Practice Site/Work Site: _____

Alternate Practice Site/Work Site: _____

Pharmacy Manager _____

I have Specialized Practice/Expertise in _____

I am certified to dispense EPC (Emergency Post-Coital Contraceptives) _____

I am a registered in another jurisdiction Yes No Where? _____

CONTINUING PROFESSIONAL DEVELOPMENT

I have completed the minimum of 15 CEUs as specified in the learning portfolio. My Professional Development Log and background information is available for audit.

MALPRACTICE INSURANCE

Attached is my signed declaration (**Form 1**) as per Bylaw 4.4.4.3

DECLARATION

I, _____, make this application acknowledging my personal responsibility under the provisions of *The Pharmacy Act, 1996*, and Bylaws of the Saskatchewan College of Pharmacists and other legislation governing the practice of pharmacy and the sale of drugs. I also acknowledge that any false declaration made herein will invalidate my licence to practise pharmacy.

Signature of Applicant _____

Date of Application _____

FEE

Fee \$ _____

Visa Mastercard Cheque

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Credit Card Number

_____|_____|_____|_____|
Expiry Date
(Month/Year)

**CHEQUES MADE PAYABLE TO:
Saskatchewan College of Pharmacists**

Authorization Signature _____

Print Cardholder Name _____

DUE IN SCP OFFICE ON OR BEFORE JUNE 1

Office Use Member # _____ M'ship _____ Effective Date _____

CPD _____ Malpractice _____ Receipt # _____ Batch # _____ Appr _____ Date _____