



Pharmacy Assistant Membership Registration Form

April 1, 2025-March 31, 2026

COMPLETE AND RETURN THIS FORM ALONG WITH PAYMENT.

Please make cheques payable to the PEI Pharmacists Association.

Email: executivedirector@peipha.com Mail: PEI Pharmacists Association Inc., PO Box 24042, Stratford, PE C1B 2V5.

Name _____

Address _____

Workplace _____

Email (required) _____ Telephone _____

A. Pharmacy Assistant Membership Dues: PEI Pharmacists Association

(\$25.00 + \$3.75 HST = \$28.75) (A)

Total	\$28.75
--------------	----------------

Please Answer the Following:

The PEI Pharmacists Association (PEIPhA) is seeking your express consent to stay in touch with you electronically. I agree to receive PEIPhA email communications which include newsletters, notifications and updates containing information about PEIPhA and its partners. You can withdraw or provide your consent at any time by contacting the Association.

___ Yes ___ No