

2008 IPO Membership Application

Membership Period – January 1st – December 31st

Please complete the following information

IPO No.:		
Name:		
Primary Mailing Address:		
Pharmacy Name:		
Pharmacy Address:		
Phone #	Cell #	Fax #
Did you want your information sent to: work or home (please circle one)		
E-Mail Address:		

Membership Fees (please select the appropriate category)

Full Annual Fee \$50.00 (including tax)	Yes or No
Personal Malpractice Insurance plus Full Annual Fee \$150.00 (including tax)	Yes or No
Personal Malpractice Insurance (without membership to IPO) \$175.00 (including tax)	Yes or No
Student Fee \$25.00 (including tax)	Yes or No

Payment

Please make cheque payable to: IPO for the appropriate amount as selected above.

Protecting your privacy

Your privacy is important to us. Some information you provide to IPO in this application may be considered personal information. IPO collects uses and shares the information contained in this membership application for the sole purposes of processing your application and delivering IPO services, programs and publications to you. IPO does not sell or in any other way provide your personal information to third parties not associated with the provision of IPO services, programs or publications. IPO uses appropriate safeguards to ensure that your personal information remains confidential. Should you choose not to provide information IPO is requesting in this membership application, you may not receive certain IPO services, programs, or publications.

Disclosure Statement

The information provided by me on this application is, to the best of my knowledge, accurate and complete. Any and all member benefits, provided in good faith by IPO, and entered into by me, are at my own risk. IPO is not liable for any actions resulting from my personal or business decisions.

Signature

Date

5720 Timberlea Blvd.Suite 201, Mississauga, ON. L4W4W2

Tel 905-625-1IPO (1146) Fax 905-789-6IPO(6146) info@ipoassociation.com