

# OCPHA Membership Form



Members can complete the form online with payment through Paypal.

Membership category:  Active (\$40.00)  Associate (\$40.00)  Student (free)

Name, as will appear on website: **(Please print legibly)**

First \_\_\_\_\_ Last \_\_\_\_\_

Mr.  Mrs.  Miss  Ms.  Dr.

OCP License number: \_\_\_\_\_ Other province(s) of license: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

(please print the email address where you wish to receive OCPHA email clearly in block letters above)

**Note: OCPHA member communication is primarily through e-mail and the OCPHA website:**

[www.ocpha.com](http://www.ocpha.com)

You may want to add email coming from ocpha.com to your email programs safe sender list.

Please fill in all of the information for your current place of work. **This information is used to update the Pharmacy Phone List. If the information is not included, your pharmacy's name may not be included on the list.**

Name of business/store \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I acknowledge that I have read and understood the OCPHA privacy statement.  
(available online at [http://www.ocpha.com/pdf/privacy\\_statement\\_2004.pdf](http://www.ocpha.com/pdf/privacy_statement_2004.pdf))

## Volunteers are always welcome!

Volunteers to assist with social, educational, and other association activities are needed. Even if you are available only once or twice, we could still use your help during the year.

- Executive Committee     Golf Tournament     Social Committee  
 Registration Desk at CE     Continuing Education Committee

**Please complete information above and return with payment(\$40.00 including GST) to:**

Ottawa-Carleton Pharmacists' Association,  
1785 Alta Vista Drive, Second Floor, Ottawa ON K1G 3Y6

[www.ocpha.com](http://www.ocpha.com)