**NATIONAL PHARMACEUTICAL SCIENCES GROUP**
3780 14th Avenue, Suite 210
Markham, ON L3R 9Y5
Phone: 905-513-7743 - 1-877-PSG-2077 (877-774-2077)
Fax: 905-513-7786
Website: www.psg.ca
E-mail: info@psg.ca

# 2010/2011
## MEMBERSHIP APPLICATION
***VALID FROM SEPTEMBER 2010 – AUGUST 2011***

**MEMBER INFORMATION** *(Please Print Clearly)*
*Please note: ***A current mailing address is required even if you have requested the bi weekly mailing to be sent electronically.****

Are you renewing your membership: □ YES □ NO

If yes, previous Membership Number:
Would you like to be a Volunteer for a PSG Committee: □ YES □ NO

FIRST NAME INITIAL LAST NAME

EMAIL ADDRESS

**Mailing Address:**

STREET ADDRESS CITY PROVINCE POSTAL CODE

**Employment Information:**

JOB TITLE COMPANY NAME

STREET ADDRESS CITY PROVINCE POSTAL CODE

DAYTIME PHONE FAX

**How do you wish to receive your mailing?** *(Please Choose 1)*

Electronically (printer friendly).....□ $55 + $7.15 HST = **$62.15**

By Mail @ home.....□ $70 + $9.10 HST = **$79.10**

By Mail @ place of employment.....□ $70 + $9.10 HST = **$79.10**

**PLEASE CHECK ONLY 1 ITEM IN EACH CATEGORY**

1. **Position**
□ CEO/President
□ Management
□ Non-Management
□ Consultant

2. **Functional Area**
□ QC - Microbiology
□ QC – Chemical
□ QA
□ Clinical
□ R & D
□ Technical Support/ Administration
□ Regulatory Affairs
□ Production
□ Validation
□ Engineering

3. **Core Business**
□ Pharmaceutical
□ Laboratory Testing Services
□ Logistics/Distribution
□ Supplier to Pharmaceutical Industry
□ Cosmetic/Nutritional
□ Bio-Tech
□ Consultant
□ Engineering
□ Medical Devices
□ Natural Health Products

**PAYMENT: Credit Card:** □ VISA □ MASTERCARD □ AMERICAN EXPRESS

Credit Card #: _____ Expiry Date: _____

Name on Card: _____ Signature: _____ Amount: $_____

**Cheque:** Please send all cheques (Company cheque or Certified Cheque ONLY) made payable to:
**The Pharmaceutical Sciences Group** at 3780 14th Avenue, Suite 210, Markham, ON L3R 9Y5. *HST #12466 5852 RT*

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