



# College of Pharmacists of Manitoba

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## 2018 MAILING/NOTICE SUBSCRIBER APPLICATION

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(Title)	(Last Name)	(First Name)
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(Mailing Address)	(City)	(Province)	(Postal Code)
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(Telephone No. with Area Code)	(E-Mail Address)
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**Please note that being on the mailing/notice list does not constitute a membership of any kind with the College.**

I hereby make application as a mailing/notice subscriber with the College of Pharmacists of Manitoba to subscribe to the College's publications including the Friday Five and Newsletter for the year ending **the 31<sup>st</sup> day of December, 2018.**

X \_\_\_\_\_ (Signature of Applicant) \_\_\_\_\_ (Date)

**FEE: \$235.97**

**GST: \$ 11.80**

**\$ 247.77 GST #R107660664**

### **Payment Must Accompany Application All Fees Are Non-refundable**

Payment Method:

- Cheque (Payable to the College of Pharmacists of Manitoba)
- Interac (made at the College office)
- VISA or M/C Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date: MM / YY