



# CAPT Membership Application Form

Member Year 2010

CANADIAN ASSOCIATION OF PHARMACY TECHNICIANS (CAPT)  
9-6975 Meadowvale Town Centre Circle  
Suite #164  
Mississauga, Ontario  
L5N 2V7

Voice mail: (416) 410 1142  
<http://www.capt.ca>  
[members@capt.ca](mailto:members@capt.ca)

PLEASE PRINT OR TYPE CLEARLY

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: [Home] ( \_\_\_\_ ) \_\_\_\_\_ [Work] ( \_\_\_\_ ) \_\_\_\_\_

Place of Work: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Are you a graduate of a full time, in class pharmacy technician program? Yes  No

Are you a graduate of a part time, or distance program? Yes  No

If, yes, name the program and date of graduation:

School: \_\_\_\_\_ Year: \_\_\_\_\_

Membership Fee \$75.00 – includes all CAPT mailings, web access, Email communications and discounts on selected seminars and conferences across the country.

**Make Cheque Payable to “CAPT” and mail to the address above.**

See the CAPT website [www.capt.ca](http://www.capt.ca) for details

**THE** Voice of Canadian Pharmacy Technicians for over 25 Years

Please use this form before June 30<sup>st</sup>, 2010