



Pharmacist Member Trustee Application Form

Applications for Pharmacist Trustee must include the following:

1. Signatures and contact information of the applicant and two CSHP Members or designated representatives of CSHP Corporate Supporters.
2. Letter describing the applicant’s interest in the position and potential to contribute to the work of the Foundation.
3. Applicant’s curriculum vitae.

Candidate	<i>Must be a CSHP Member</i>
Name	
Signature	
Address and Phone Number	
E-mail	
Nominators	<i>Must be CSHP Members or designated representatives of CSHP Corporate Supporters</i>
Name	
Signature	
Address and Phone Number	
E-mail	
Name	
Signature	
Address and Phone Number	
E-mail	

Please submit this completed form, your letter of interest and your CV to Rosemary Pantalone
by e-mail at rpantalone@cshp.ca
Deadline Date: September 8, 2022