The Pharmacy Guild of Australia
NSW Branch

Suite 201, 10 Norbrik Drive, Bella Vista NSW 2153
TEL 02 9467 7120 | **FAX** 02 9467 7101 | **EMAIL** membership@nsw.guild.org.au
WEB www.guild.org.au | **ABN** 87 740 877 429 | **ISO**CA2106102

APPLICATION FOR MEMBERSHIP
SOLE PROPRIETOR – FORM 1 (RULE 29)

Notes to consider when completing this form:

1. All questions must be answered for your application to be processed. Please provide your email address, as this is our preferred method of contact. We may requestfurther information if required prior to processing this application.
2. Please return your completed form by post: Suite 201, 10 Norbrik Drive, Bella Vista NSW 2153; or fax 02 9467 7101; or email membership@nsw.guild.org.au.
3. Your application will be processed, invoiced, and then ratified at the next meeting of the NSW Branch Committee. Should you have any queries prior to this, pleasecontact our Membership team at the Branch Office on 02 9467 7120.

The Branch Director
The Pharmacy Guild of Australia (NSW Branch)

I, being an employer and eligible for Membership, hereby apply for admission to Membership of the Guild and upon election and while a member of the Guild agree to be bound by the Constitution of the Guild and by Resolutions of the National Council and of the Branch Committee now or hereafter in force and to pay to the Guild all subscription thereafter in force and to pay to the Guild all subscription levies or other money payable from time to time as a member of the Guild pursuant to such Constitution or Resolutions.

Title: Mr Mrs Miss Ms Other:	Surname:		
First name:	Middle name:	Preferred name:	
Male Female / Date of birth:	Private email:		
Mobile phone:	Private phone: ( )		
Private address:	Suburb:	State:	Postcode:
Postal address *(if different)*:	Suburb:	State:	Postcode:
I declare that I am / am not a Member of the Pharmacy Guild as a sole proprietor, of a partnership or a director of a company, which is a Member of the Guild.			

BUSINESS DETAILS OF PHARMACY APPLYING FOR MEMBERSHIP

Pharmacy name:		PBS Approval #:	
Pharmacy street address:			
	Suburb:	State:	Postcode:
Postal address *(if different)*:			
	Suburb:	State:	Postcode:
Pharmacy email:	Phone: ( )	Fax: ( )	
Banner name:	Marketing group:		
Is this a new pharmacy or has it been acquired? NEW / ACQUIRED	Date pharmacy Purchased/Opened:		
If acquired, please state name/s of previous owner/s:			

BUSINESS DETAILS OF OTHER PHARMACIES OWNED BY APPLICANT

Pharmacy name:				Suburb:	
Please indicate ownership type:	Company	Partnership	Sole Proprietor	PBS Approval #:	Is this pharmacy a Guild Member?: Yes No
Prop 1:		Prop 2:		Prop 3:	
Prop 4:		Prop 5:		Prop 6:	

Pharmacy name:				Suburb:	
Please indicate ownership type:	Company	Partnership	Sole Proprietor	PBS Approval #:	Is this pharmacy a Guild Member?: Yes No
Prop 1:		Prop 2:		Prop 3:	
Prop 4:		Prop 5:		Prop 6:	

Pharmacy name:				Suburb:	
Please indicate ownership type:	Company	Partnership	Sole Proprietor	PBS Approval #:	Is this pharmacy a Guild Member?: Yes No
Prop 1:		Prop 2:		Prop 3:	
Prop 4:		Prop 5:		Prop 6:	

Pharmacy name:				Suburb:	
Please indicate ownership type:	Company	Partnership	Sole Proprietor	PBS Approval #:	Is this pharmacy a Guild Member?: Yes No
Prop 1:		Prop 2:		Prop 3:	
Prop 4:		Prop 5:		Prop 6:	

(if more, please attach separate list)

PLEASE COMPLETE ALL OTHER DETAILS ON NEXT PAGE

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Under the provisions of the Guild Constitution, members are required to register all proprietors in their pharmacy and all pharmacies in which they have an interest. All members must adhere to this obligation.

Signature: _____ Date: _____

NOTE: Where the applicant wishes to appoint a nominee under Rule 7 (b)(i), Form 13 (attached) should be completed at the same time as this membership form and lodged with the Branch Director.

Return this declaration with the fee payable namely $ _____ incl. GST

PRIVACY COLLECTION NOTICE

By submitting this completed application Form, you acknowledge that your personal information including your name, address, phone number and email address **(Personal Information)** is being provided to The Pharmacy Guild of Australia (NSW Branch) ABN 87 740 877 429 **(Branch)**.

The Personal Information you provide will be used by the Branch to administer and manage your membership, and to keep you informed about developments in the practice of pharmacy, and to send you marketing material about associated products, offers, services and events relating to community pharmacy **(Services)**.

The Branch is a branch of The Pharmacy Guild of Australia ABN 84 519 669 143 (the Guild) and, as such, may disclose your Personal Information to the Guild's National Secretariat, to other branches of the Guild, to the Guild's and the Branch's related bodies corporate, and to agents, contractors service providers and partners engaged by the Branch or the Guild to provide the Services. The Branch will not otherwise use or disclose your Personal Information, unless you have given consent, or the Branch is authorised or required to do so by law.

For more information about how the Branch and the Guild handles your Personal Information, how you can request to access, correct or update the Personal Information the Branch holds about you, and who to contact if you have a privacy enquiry or complaint, please see the Guild's Privacy Policy on the website www.guild.org.au. If you elect not to provide your consent to any or all of the uses or disclosures of your Personal Information proposed in this Form, we may be unable to process your membership application and/or provide the Services to you. You can also withdraw your consent at any time, by just letting us know.

OFFICE USE

Membership #:	Letter sent: / / 20	Entered: ☐ GEMM / / 20	Notes:
Invoice #:	Inv date: / / 20	Inv amount: $	