



APPLICATION FOR MEMBERSHIP PARTNERSHIP – FORM 3 (RULE 29)

Notes to consider when completing this form:

- 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 request further information if required prior to processing this application.
- 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.
- 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, please contact our Membership team at the Branch Office on 02 9467 7120.

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

We, the undersigned being employers and eligible for Membership and being all of the Partners in the partnership conducting the business of a pharmacist at:

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

Hereby apply for admission of the partnership as a member of the Guild and upon election and while the partnership is 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 levies or other money payable from time to time as a member of the Guild pursuant to such Constitution or Resolutions.

DETAILS OF ALL PARTNERS WITHIN THIS PHARMACY

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		Surname:	
First name:		Middle name:	Preferred name:
<input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> I am / <input type="checkbox"/> 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.			

Signature: _____ Date: _____

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		Surname:	
First name:		Middle name:	Preferred name:
<input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> I am / <input type="checkbox"/> 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.			

Signature: _____ Date: _____

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		Surname:	
First name:		Middle name:	Preferred name:
<input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> I am / <input type="checkbox"/> 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.			

Signature: _____ Date: _____

(if more, please attach separate list)

PLEASE COMPLETE ALL OTHER DETAILS ON NEXT PAGE



DETAILS OF OTHER PHARMACIES OWNED EITHER INDIVIDUALLY, BY THE PARTNERSHIP OR IN WHICH THE PARTNERSHIP HAS A FINANCIAL INTEREST

Pharmacy name:		Suburb:
Prop 1:	Prop 2:	Prop 3:
Prop 4:	Prop 5:	Prop 6:
Pharmacy name:		Suburb:
Prop 1:	Prop 2:	Prop 3:
Prop 4:	Prop 5:	Prop 6:
Pharmacy name:		Suburb:
Prop 1:	Prop 2:	Prop 3:
Prop 4:	Prop 5:	Prop 6:
Pharmacy name:		Suburb:
Prop 1:	Prop 2:	Prop 3:
Prop 4:	Prop 5:	Prop 6:

(if more, please attach separate list)

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.

We agree to furnish in writing, any further particulars in relation to this application upon request of the Branch Director.

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

And I make this solemn declaration by virtue of the relevant legislation governing Statutory Declarations and subject to the penalties provided by that legislation for making of false statements and statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

STATUTORY DECLARATION

DECLARED AT _____) _____

THIS _____ DAY OF) Before me

_____ 20____) _____

A Person Duly Authorised To Witness Statutory Declarations

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: <input type="checkbox"/> GEMM / / 20	Notes:
Invoice #:	Inv date: / / 20	Inv amount: \$	