



## ASSOCIATE STATUS APPLICATION – INDIVIDUAL PHARMACIST FORM 25 (RULE 6B)

### 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 request further information if required prior to processing this application.
2. Please return your completed form to the Branch Office, by posting to; PO Box 457, Spring Hill Qld 4004; or fax 07 3831 9246.
3. Your application will be processed, invoiced, and then ratified at the next meeting of the Queensland Branch Committee. Should you have any queries prior to this, please contact Member Services at the Branch Office on 07 3831 3788.

The Branch Director  
The Pharmacy Guild of Australia, Queensland Branch

I am a registered pharmacist, hereby apply in accordance with the Constitution (Rule 6B) of The Pharmacy Guild of Australia for Associate Status as from  
...../...../.....

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:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth:	Private email:	
Private address:			
Suburb:		State:	Postcode:
Postal address (if different):		Mobile phone:	Private phone: (    )
Name of principal pharmacy employed at (if applicable):			Suburb:

If accepted, I agree to be bound by Rule 6B of the Constitution of the Guild and to pay all money from time to time due and payable by me up to the time I cease to be an associate.

Signature of Applicant: .....

Dated the ..... Day of ..... 20.....

### PRIVACY NOTICE

I understand that the information contained in this form may be used by the organisation to manage the personal information it holds about me and may send me marketing material about their products, services and events, either directly or via their subsidiary companies. I am also aware that I can gain access to my information and that my information may be disclosed to the organisations/people identified above.

I understand that I can express a wish not to receive any direct marketing information and that I can withdraw my consent at any time. I am aware that if I do decide to withdraw my consent to the collection, use or disclosure that I have authorised on this form, I need to notify the organisation in writing. I also understand that I can access the Guild's Privacy Policy on the web site [www.guild.org.au](http://www.guild.org.au)

### OFFICE USE

Associate #:	Letter sent:    /    / 20	Entered: <input type="checkbox"/> Pharma360    /    / 20	Notes:
Invoice #:	Inv date:    /    / 20	Inv amount: \$	