

## APPLICATION FOR MEMBERSHIP

# ASSOCIATE STATUS - 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 by post: Suite 201, 10 Norbrik Drive, Bella Vista NSW 2153; or fax 02 9467 7101; or email [membership@nsw.guild.org.au](mailto: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, please contact our Membership team at the Branch Office on 02 9467 7120.

The Branch Director  
The Pharmacy Guild of Australia (NSW 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:
<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:
Name of principal pharmacy employed at (if applicable):			

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

### 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](http://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

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