



# Ownership Structure: Partnership

## APPLICATION FOR GUILD MEMBERSHIP – FORM 3 (RULE 29)

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 Number \_\_\_\_\_

Pharmacy street address \_\_\_\_\_

Pharmacy postal name & address (if different) \_\_\_\_\_

Pharmacy email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Banner name \_\_\_\_\_ Marketing group \_\_\_\_\_

Is this pharmacy a new pharmacy or has it been acquired? ☐ NEW ☐ ACQUIRED

Date pharmacy purchased \_\_\_\_\_ 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 ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other \_\_\_\_\_ Surname \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Preferred name \_\_\_\_\_ ☐ Male ☐ Female ☐ Other \_\_\_\_\_

Date of birth \_\_\_\_\_ Private phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Private email \_\_\_\_\_

Private address \_\_\_\_\_

Postal address (if different) \_\_\_\_\_

I declare that I am 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. ☐ Yes ☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other \_\_\_\_\_ Surname \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Preferred name \_\_\_\_\_ ☐ Male ☐ Female ☐ Other \_\_\_\_\_

Date of birth \_\_\_\_\_ Private phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Private email \_\_\_\_\_

Private address \_\_\_\_\_

Postal address (if different) \_\_\_\_\_

I declare that I am 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. ☐ Yes ☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_



Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other \_\_\_\_\_ Surname \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Preferred name \_\_\_\_\_ ☐ Male ☐ Female ☐ Other \_\_\_\_\_

Date of birth \_\_\_\_\_ Private phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Private email \_\_\_\_\_

Private address \_\_\_\_\_

Postal address (if different) \_\_\_\_\_

I declare that I am 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. ☐ Yes ☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other \_\_\_\_\_ Surname \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Preferred name \_\_\_\_\_ ☐ Male ☐ Female ☐ Other \_\_\_\_\_

Date of birth \_\_\_\_\_ Private phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Private email \_\_\_\_\_

Private address \_\_\_\_\_

Postal address (if different) \_\_\_\_\_

I declare that I am 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. ☐ Yes ☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

(IF MORE, PLEASE ATTACH SEPARATE LIST)

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

Pharmacy name \_\_\_\_\_ Suburb \_\_\_\_\_

Proprietor 1 \_\_\_\_\_ Proprietor 2 \_\_\_\_\_ Proprietor 3 \_\_\_\_\_

Proprietor 4 \_\_\_\_\_ Proprietor 5 \_\_\_\_\_ Proprietor 6 \_\_\_\_\_

Pharmacy name \_\_\_\_\_ Suburb \_\_\_\_\_

Proprietor 1 \_\_\_\_\_ Proprietor 2 \_\_\_\_\_ Proprietor 3 \_\_\_\_\_

Proprietor 4 \_\_\_\_\_ Proprietor 5 \_\_\_\_\_ Proprietor 6 \_\_\_\_\_

Pharmacy name \_\_\_\_\_ Suburb \_\_\_\_\_

Proprietor 1 \_\_\_\_\_ Proprietor 2 \_\_\_\_\_ Proprietor 3 \_\_\_\_\_

Proprietor 4 \_\_\_\_\_ Proprietor 5 \_\_\_\_\_ Proprietor 6 \_\_\_\_\_

Pharmacy name \_\_\_\_\_ Suburb \_\_\_\_\_

Proprietor 1 \_\_\_\_\_ Proprietor 2 \_\_\_\_\_ Proprietor 3 \_\_\_\_\_

Proprietor 4 \_\_\_\_\_ Proprietor 5 \_\_\_\_\_ Proprietor 6 \_\_\_\_\_

Pharmacy name \_\_\_\_\_ Suburb \_\_\_\_\_

Proprietor 1 \_\_\_\_\_ Proprietor 2 \_\_\_\_\_ Proprietor 3 \_\_\_\_\_

Proprietor 4 \_\_\_\_\_ Proprietor 5 \_\_\_\_\_ Proprietor 6 \_\_\_\_\_



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 \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Before me \_\_\_\_\_

Signature \_\_\_\_\_ A Person Duly Authorised To Witness Statutory Declarations

## PLEASE RETURN YOUR COMPLETED APPLICATION TO THE QUEENSLAND BRANCH

EMAIL [membership@qldguild.org.au](mailto:membership@qldguild.org.au) POST PO Box 457, Spring Hill QLD 4004 FAX 07 3831 9246

## 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, Queensland, ABN 87 076 197 623 (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. In order to facilitate the payment of your membership fees your Personal Information will be disclosed to a services provider that stores your Personal Information overseas, including in the United States of America. 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, including the disclosure of your Personal Information overseas, please let us know. In those circumstances 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.