The Pharmacy Guild of Australia

Victoria Branch
40 Burwood Road, Hawthorn VIC 3122
T: 03 9810 9999 • Fax: 03 9819 2542
info@vic.guild.org.au • www.guild.org.au

Application for Membership
COMPANY – FORM 4 (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 request further information if required prior to processing this application.
2. Please return your completed form to the Branch Office, by posting to; 40 Burwood Road, Hawthorn VIC 3122; or fax 03 9819 2542.
3. Your application will be processed, invoiced for membership, and then ratified at the next meeting of the Victoria Branch Committee. Should you have any queries prior to this, please contact the Branch Office on 03 9810 9999.

The Branch Director
The Pharmacy Guild of Australia, Victoria Branch

Company name:		ACN:
Business address:		
Suburb:	State:	Postcode:
Business email:	Phone: ( )	Fax: ( )

The company, being an employer and eligible for membership hereby applies for admission as a member of The Pharmacy Guild of Australia. The company agrees upon admission and while a member of the Guild 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 and Resolutions.

SIGNED for and on behalf of the company by those persons who are authorised under its Constitution to do so:

.... Director .... Secretary

.... (PRINT NAME) .... (PRINT NAME)

DETAILS OF DIRECTORS

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:	Surname:		
First name:	Middle name:	Preferred name:	
Male ☐ Female ☐ Date of birth:	Private email:		
Private address:	Suburb:	State:	Postcode:
Postal address *(if different)*:	Mobile phone:	Private phone: ( )	

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:	Surname:		
First name:	Middle name:	Preferred name:	
Male ☐ Female ☐ Date of birth:	Private email:		
Private address:	Suburb:	State:	Postcode:
Postal address *(if different)*:	Mobile phone:	Private phone: ( )	

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:	Surname:		
First name:	Middle name:	Preferred name:	
Male ☐ Female ☐ Date of birth:	Private email:		
Private address:	Suburb:	State:	Postcode:
Postal address *(if different)*:	Mobile phone:	Private phone: ( )	

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:	Surname:		
First name:	Middle name:	Preferred name:	
Male ☐ Female ☐ Date of birth:	Private email:		
Private address:	Suburb:	State:	Postcode:
Postal address *(if different)*:	Mobile phone:	Private phone: ( )	

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:	Surname:		
First name:	Middle name:	Preferred name:	
Male ☐ Female ☐ Date of birth:	Private email:		
Private address:	Suburb:	State:	Postcode:
Postal address *(if different)*:	Mobile phone:	Private phone: ( )	

(If more, please attach separate list)

PLEASE COMPLETE ALL OTHER DETAILS ON FOLLOWING PAGES

OFFICE USE

Membership #:	Letter sent: / / 20	Entered: ☐ Pharma360 / / 20	Entered: ☐ BIS / / 20
Invoice #:	Inv date: / / 20	Inv amount:$	Notes:

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DETAILS OF PHARMACY APPLYING FOR MEMBERSHIP

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

STATUTORY DECLARATION

We, the above directors, of the addresses set out above DO SOLEMNLY AND SINCERELY DECLARE:

1. We are all of the directors of the applicant company and more than one half of us are pharmacists (or in the case of a company having only two directors, one of us is a pharmacist), namely:
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
2. A majority of the issued voting shares in the company are beneficially owned by pharmacists, namely:
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
3. The company complies with the relevant legislation governing ownership and control of pharmacies in the State or Territory in which it carries on business.

4. **DETAILS OF OTHER PHARMACIES OWNED BY THE APPLICANT COMPANY OR IN WHICH IT HAS A PROPRIETORY, LEGAL OR BENEFICIAL 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:

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

(if more, please attach separate list)

5. **DETAILS OF OTHER PHARMACIES OWNED EITHER INDIVIDUALLY OR AS A PARTNER IN A PARTNERSHIP BY ANY OF THE APPLICANT DIRECTOR/S**

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:

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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)

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

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

DECLARED AT ....) ....
(Signature) (Print Name)
THIS .... DAY OF) Before me
.... 20.........) ....
A Person Duly Authorised to Witness Statutory Declarations

DECLARED AT ....) ....
(Signature) (Print Name)
THIS .... DAY OF) Before me
.... 20.........) ....
A Person Duly Authorised to Witness Statutory Declarations

DECLARED AT ....) ....
(Signature) (Print Name)
THIS .... DAY OF) Before me
.... 20.........) ....
A Person Duly Authorised to Witness Statutory Declarations

DECLARED AT ....) ....
(Signature) (Print Name)
THIS .... DAY OF) Before me
.... 20.........) ....
A Person Duly Authorised to Witness Statutory Declarations

DECLARED AT ....) ....
(Signature) (Print Name)
THIS .... DAY OF) Before me
.... 20.........) ....
A Person Duly Authorised to Witness Statutory Declarations

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 $..........................

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