



## Membership Update Application to UPDATE MEMBERSHIP

**\*Reason/s for Application (please select):** Must complete: Must complete:

<input type="checkbox"/> Relocation of Pharmacy	Parts A & B	<input type="checkbox"/> Change in Partnership Arrangements	Parts B & C
<input type="checkbox"/> Change in Pharmacy Name	Parts A & B	<input type="checkbox"/> Transfer of Ownership	Parts B, C & D

**CHANGE OF PHARMACY DETAILS EFFECTIVE FROM (insert date):** \_\_\_\_\_

PART A	PREVIOUS PHARMACY DETAILS		
Previous pharmacy name:		Previous PBS Approval #:	
Previous pharmacy address:			
		Suburb:	State:      Postcode:

PART B	NEW/CURRENT PHARMACY DETAILS		
Pharmacy name:		Guild membership #:	
Pharmacy street address:			
		Suburb:	State:      Postcode:
Pharmacy postal name & address (if different):			
		Suburb:	State:      Postcode:
Pharmacy email:		Phone: (   )	Fax: (   )
Banner name:		Marketing group:	PBS Approval #:

PART C	EXISTING OWNERSHIP & PROPRIETOR DETAILS			
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. <b>Complete Part D to change ownership type &amp;/or include new company names &amp; proprietors to existing membership record.</b>				
Please indicate ownership type:		<input type="checkbox"/> Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
Company name/s (if applicable):				
<i>Select box to retire proprietor from pharmacy</i>		<i>Select box to retire proprietor from pharmacy</i>		
Proprietor 1:	<input type="checkbox"/>	Proprietor 2:	<input type="checkbox"/>	
Proprietor 3:	<input type="checkbox"/>	Proprietor 4:	<input type="checkbox"/>	
Proprietor 5:	<input type="checkbox"/>	Proprietor 6:	<input type="checkbox"/>	

PART D	NEW OWNERSHIP & PROPRIETOR DETAILS			
Please indicate ownership type:		<input type="checkbox"/> Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
Company name/s (if applicable):				

**PROPRIETOR 1:**

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:	Company name:	
Private address:			
Suburb:	State:	Postcode:	Position/Title:
Private email:		Mobile phone:	Private phone: (   )
I declare that I am <input type="checkbox"/> / am not <input type="checkbox"/> 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.			

**Proprietor1 Signature:** \_\_\_\_\_

**PROPRIETOR 2:**

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:	Company name:	
Private address:			
Suburb:	State:	Postcode:	Position/Title:
Private email:		Mobile phone:	Private phone: (   )
I declare that I am <input type="checkbox"/> / am not <input type="checkbox"/> 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.			

**Proprietor2 Signature:** \_\_\_\_\_

**PLEASE COMPLETE DETAILS ON NEXT PAGE**

Membership #:		Letter sent:    /    / 20		Inv amount:	Entered:	<b>OFFICE USE</b>	
Invoice #:		Inv date:        /        / 20		\$	<input type="checkbox"/> GEMM	/    / 20	<input type="checkbox"/> MYOB    /    / 20



## Membership Update Application to UPDATE MEMBERSHIP

**PROPRIETOR 3:**

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:		Company name:		
Private address:					
Suburb:		State:	Postcode:	Position/Title:	
Private email:			Mobile phone:		Private phone: (    )
I declare that I am <input type="checkbox"/> / am not <input type="checkbox"/> 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.					

**Proprietor3 Signature:** \_\_\_\_\_

**PROPRIETOR 4:**

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:		Company name:		
Private address:					
Suburb:		State:	Postcode:	Position/Title:	
Private email:			Mobile phone:		Private phone: (    )
I declare that I am <input type="checkbox"/> / am not <input type="checkbox"/> 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.					

**Proprietor4 Signature:** \_\_\_\_\_

**PROPRIETOR 5:**

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:		Company name:		
Private address:					
Suburb:		State:	Postcode:	Position/Title:	
Private email:			Mobile phone:		Private phone: (    )
I declare that I am <input type="checkbox"/> / am not <input type="checkbox"/> 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.					

**Proprietor5 Signature:** \_\_\_\_\_

**PROPRIETOR 6:**

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:		Company name:		
Private address:					
Suburb:		State:	Postcode:	Position/Title:	
Private email:			Mobile phone:		Private phone: (    )
I declare that I am <input type="checkbox"/> / am not <input type="checkbox"/> 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.					

**Proprietor6 Signature:** \_\_\_\_\_

**PRIVACY NOTICE**

By lodging this form, I authorise The Pharmacy Guild of Australia, South Australian Branch to collect, use and disclose my personal information for the following purposes:  
 For administrative and marketing purposes;  
 To provide me with (free of charge) direct marketing communications that may be of interest to me;  
 To provide me with Guild publications;  
 For the purpose of lodging a complaint against the Government or Government agency (Federal, State or Territory);  
 To comply with Government regulations regarding training programs or tax purposes;  
 To draft legally binding agreements for Guild Programs;  
 To be included on a National Database which may be disclosed to persons who have an interest in the DMMR Scheme including our National Secretariat  
 To provide information to related Health Organisations for research and promotional purposes as requested.

I understand that the information contained in this form may be used by the organisation to manage the personal information it holds about me. 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 collections, uses or disclosures 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)

I do not authorise The Pharmacy Guild of Australia to use the personal information included on this form for the purposes of providing member services to me and for related direct marketing purposes.