



Ownership Structure: Sole Proprietor

APPLICATION FOR MEMBERSHIP – FORM 1 (RULE 29)

I, being an employer and eligible for Membership, hereby apply for admission to Membership of the Guild and upon election and while 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 thereafter 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.

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

DETAILS OF PHARMACY APPLYING FOR MEMBERSHIP

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 opened _____

If acquired, please state name/s of previous owner/s _____

BUSINESS DETAILS OF OTHER PHARMACIES OWNED BY APPLICANT

Pharmacy name _____ Suburb _____

Please indicate ownership type: Company Partnership Sole Proprietor PBS Approval No. _____

Is this pharmacy a Guild Member?: Yes No

Proprietor 1 _____ Proprietor 2 _____ Proprietor 3 _____

Proprietor 4 _____ Proprietor 5 _____ Proprietor 6 _____

Pharmacy name _____ Suburb _____

Please indicate ownership type: Company Partnership Sole Proprietor PBS Approval No. _____

Is this pharmacy a Guild Member?: Yes No

Proprietor 1 _____ Proprietor 2 _____ Proprietor 3 _____

Proprietor 4 _____ Proprietor 5 _____ Proprietor 6 _____

Pharmacy name _____ Suburb _____

Please indicate ownership type: Company Partnership Sole Proprietor PBS Approval No. _____

Is this pharmacy a Guild Member?: Yes No

Proprietor 1 _____ Proprietor 2 _____ Proprietor 3 _____

Proprietor 4 _____ Proprietor 5 _____ Proprietor 6 _____



Pharmacy name _____ Suburb _____

Please indicate ownership type: Company Partnership Sole Proprietor PBS Approval No. _____

Is this pharmacy a Guild Member?: Yes No

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Pharmacy name _____ Suburb _____

Please indicate ownership type: Company Partnership Sole Proprietor PBS Approval No. _____

Is this pharmacy a Guild Member?: Yes No

Proprietor 1 _____ Proprietor 2 _____ Proprietor 3 _____

Proprietor 4 _____ Proprietor 5 _____ Proprietor 6 _____

Pharmacy name _____ Suburb _____

Please indicate ownership type: Company Partnership Sole Proprietor PBS Approval No. _____

Is this pharmacy a Guild Member?: Yes No

Proprietor 1 _____ Proprietor 2 _____ Proprietor 3 _____

Proprietor 4 _____ Proprietor 5 _____ Proprietor 6 _____

(IF MORE, PLEASE ATTACH SEPARATE LIST)

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.

Signature _____ Date _____

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.

PLEASE RETURN YOUR COMPLETED APPLICATION TO THE QUEENSLAND BRANCH
EMAIL 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. 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.