



Application for Membership

COMPANY – FORM 4 (RULE 29)

Company name _____ ACN _____

Business address _____

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 Other _____

Date of birth _____ Private phone _____

Mobile phone _____ Private email _____

Private address _____

Postal address (if different) _____

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) _____

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) _____

(IF MORE, PLEASE ATTACH SEPARATE LIST)



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 _____

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 proprietary, legal or beneficial 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 _____

(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 _____

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 _____

(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 _____

Date _____ Before me _____

Declared at _____ Signature _____ Print name _____

Date _____ Before me _____

Declared at _____ Signature _____ Print name _____

Date _____ Before me _____

PLEASE RETURN YOUR COMPLETED APPLICATION TO THE WESTERN AUSTRALIAN BRANCH
EMAIL members@wa.guild.org.au **POST** PO Box 968, West Perth WA 6005

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, Western Australian Branch, ABN 569 179 195 84.

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. 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.