



**GUILD MEMBER SERVICES
NAME BADGES ORDER FORM**

Pharmacy Stamp/Address:

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Example (Select Style) # 1	Name	Position/Pharmacy Name			
	Jane	Pharmacist			
	Please choose your badge size Small 6 x 2 cm Large 7.5 x 2.5 cm	QTY	Member Price	Non Member Price	TOTAL
Clasp	Small Large		\$15.84	\$23.10	
Magnetic	Small Large		\$20.20	\$30.00	
Postage WA INTERSTATE		1	\$ 10.00 \$15.00	\$ 10.00 \$15.00	
TOTAL					

Please Note: Conditions apply to application of Pharmacy Guild logo and QCPP endorsement. Badge variations may be possible, please call to discuss

Please Note: Delivery will be at least 15 business days.

Proprietor's Name: _____
 Person Ordering: _____
 Date: ____/____/____

EMAIL ORDER TO: reception@wa.guild.org.au
TEL: 08 9429 4100

Delivery address: Pharmacy address above
 (Where you would like the badges posted)
 Other _____

Invoicing address: Pharmacy address above
 (Where you would like to invoice posted)
 Other _____

Please invoice my Account (WA ONLY) Please charge my MASTERCARD / VISA CARD

PLEASE NOTE: interstate pharmacies must pay with a credit card before your badges are processed.

Name on Card _____ Exp ____/____/____

OFFICE USE ONLY: Membership Code _____

Invoice No: _____ Batch No: _____ Posted: _____ Processed: _____