



Application for Membership

PARTNERSHIP – FORM 3 (RULE 29)

We, the undersigned being employers and eligible for Membership and being all of the Partners in the partnership conducting the business of a pharmacist at:

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 purchased/opened _____

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

Hereby apply for admission of the partnership as a member of the Guild and upon election and while the partnership is 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 levies or other money payable from time to time as a member of the Guild pursuant to such Constitution or Resolutions.

DETAILS OF ALL PARTNERS WITHIN THIS PHARMACY

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

Signature _____ Date _____

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

Signature _____ Date _____



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

Signature _____ Date _____

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

Signature _____ Date _____

(IF MORE, PLEASE ATTACH SEPARATE LIST)

DETAILS OF OTHER PHARMACIES OWNED EITHER INDIVIDUALLY, BY THE PARTNERSHIP OR IN WHICH THE PARTNERSHIP HAS A FINANCIAL 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 _____

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 _____



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.

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

Note: Where the applicant wishes to appoint a nominee under Rule 7 (b)(i), Form 13 should be completed at the same time as this membership form and lodged with the Branch Director.

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

STATUTORY DECLARATION

Declared at _____ Signed _____

Date _____ Before me _____

Signature _____ *A Person Duly Authorised To Witness Statutory Declarations*

TO FINALISE YOUR APPLICATION COMPLETE THE E-SIGNATURE FIELD ABOVE. UPON COMPLETION A BLUE SUBMIT BUTTON WILL APPEAR AT THE BOTTOM OF THIS SCREEN.

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.