
Alteration of Rules

Extract of the Registered Rules of The Pharmacy Guild of Australia (version dated 20 December 2023)

29 - ADMISSION TO MEMBERSHIP

- (a) Any applicant eligible for and seeking admission to membership of the Guild shall lodge with the Branch in the State in which the applicant is conducting their business a completed application for membership ~~on Form 1, 2, 3 or 4~~ in a form (whether an online, electronic or paper-based form) as ~~appropriate~~ prescribed by National Council, together with any application fee as determined by National Council from time to time and the subscription as prescribed by Rules 30 and 31.
- (b) The Committee of the Branch to which the application is addressed shall consider such application and any further particulars thereof received by the Branch Director at its first meeting held after receipt of such application, and the acceptance or rejection thereof shall be decided by a majority of votes on a ballot provided that consideration of any application which is received less than 7 days before the day on which a meeting of the Branch Committee is to be held or in respect of which the applicant has failed to furnish further particulars required by the Branch Director may be deferred until the next ordinary meeting of such Committee.
- (c) An applicant for membership whose application has been rejected shall have any subscription paid by the applicant for membership refunded by the Branch Director, but the application fee if any shall not be refunded.
- (d) An applicant whose application for membership has been rejected may appeal against any such decision to the National Executive or Council and in respect thereof the provisions of Rule 41 shall apply.
- (e) No person other than an Honorary or Honorary Life Member shall be entitled to any of the rights or privileges of membership until they have paid the application fee where required and the membership subscription and been admitted as a member.

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FORM 1 - Deleted

~~THE PHARMACY GUILD OF AUSTRALIA
FORM 1 - RULE 29~~

APPLICATION FOR MEMBERSHIP

SOLE PROPRIETOR ONLY

~~The Branch Director,~~

~~..... Branch,~~

~~The Pharmacy Guild of Australia.~~

~~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.~~

~~NAME IN FULL:~~

~~PRIVATE ADDRESS:~~

~~PR. TEL. NO.~~

~~BUSINESS NAME OF PRINCIPAL PHARMACY:~~

~~ADDRESS:~~

~~BUSINESS NAME(S), ADDRESS(ES) & TEL. NO(S) OF OTHER PHARMACIES SOLELY OWNED BY APPLICANT~~

~~1.~~

~~2.~~

~~3.~~

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

~~..... Enclosed herewith is total of fees due.~~

~~Signature:~~

~~Date:~~

~~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.~~

FORM 2 - Deleted

THE PHARMACY GUILD OF AUSTRALIA
~~FORM 2 - RULE 29~~

SOLE PROPRIETOR WITH INTEREST IN ANOTHER PHARMACY

~~Branch Director,~~

~~..... Branch,~~

~~The Pharmacy Guild of Australia:~~

~~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 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.~~

~~NAME IN FULL:~~

~~PRIVATE ADDRESS:~~

~~TEL. NO.~~

~~BUSINESS NAME OF PRINCIPAL PHARMACY:~~

~~ADDRESS:~~

~~BUSINESS NAME(S), ADDRESS(ES) & TEL. NO(S) OF OTHER PHARMACIES SOLELY OWNED BY APPLICANT~~

~~1.~~

~~2.~~

~~3.~~

~~(If more, please enter on back of form)~~

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

~~..... Enclosed herewith is total of fees due.~~

~~Signature:~~

~~Date:~~

~~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.~~

FORM 3 - Deleted

~~THE PHARMACY GUILD OF AUSTRALIA
FORM 3 - RULE 29~~

~~APPLICATION FOR MEMBERSHIP - PARTNERSHIP ONLY~~

~~The Branch Director, Branch,
The Pharmacy Guild of Australia.~~

~~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~~

~~..... (business address and tel. no.)
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.~~

~~NAMES IN FULL, PRIVATE ADDRESSES AND PRIVATE TELEPHONE NOS. (Please list)~~

~~1. I,
— of
— phone no.....~~

~~— Declare that I am/am not a member of the Pharmacy Guild as a sole proprietor, member of a partnership or a director of a company which is a member of the Guild.~~

~~Signature: Date:~~

~~2. I,
— of
— phone no.....~~

~~— Declare that I am/am not a member of the Pharmacy Guild as a sole proprietor, member of a partnership or a director of a company which is a member of the Guild.~~

~~Signature: Date:~~

~~3. I,
— of
— phone no.....~~

~~— Declare that I am/am not a member of the Pharmacy Guild as a sole proprietor, member of a partnership or a director of a company which is a member of the Guild.~~

~~Signature: Date:~~

~~(if more than three partners please attach a separate list)~~

~~BUSINESS NAME(S), ADDRESS(ES) & TEL. NO(S). OF OTHER PHARMACIES OWNED BY THE PARTNERSHIP OR IN WHICH THE PARTNERSHIP HAS A FINANCIAL INTEREST~~

~~1.~~

~~2.~~

~~3.~~

~~(If more please enter on back of form)~~

~~Where individual partners are Guild members or are in other partnerships which are members of the Guild, please supply the appropriate information on a separate sheet and attach it to this form.~~

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

~~Enclosed herewith is total of fees due. _____~~

~~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 the making of false statements and statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.~~

~~DECLARED AT)~~

~~.....)~~

~~THIS..... DAY OF) Before me~~

~~.....)~~

~~.....20.....)~~

~~..... A person Duly Authorised To Witness~~

~~..... Statutory Declarations~~

FORM 4 - Deleted

~~THE PHARMACY GUILD OF AUSTRALIA
FORM 4 - RULE 29~~

APPLICATION FOR MEMBERSHIP COMPANY

~~TO: The Branch Director, Branch, The Pharmacy Guild of Australia.~~

.....

(Company Name, ACN, Business Address and Tel No.)

~~The company, being an employer and eligible for membership hereby applies for admission as a member of the Guild. 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
..... [PRINT NAME]

..... Secretary
..... [PRINT NAME]

~~NAMES OF DIRECTORS IN FULL, PRIVATE ADDRESSES AND PRIVATE TELEPHONE NOS.
(Please list)~~

1. of
— Tel no
— Date

2. of
— Tel no
— Date

3. of
— Tel no
— Date

4. of

—Tel no

—Date

5. of

—Tel no

—Date

(if more than five Directors please attach separate list)

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. The business name(s), address(es), and tel. no(s) of other pharmacies owned by the applicant company, or in which it has a proprietary, legal or beneficial interest are:

(a) of
.....
Tel. no

(b) of
.....
Tel. no

(c) of
.....
Tel. no

(d) of
.....
Tel. no

(e) of
.....
Tel. no

(if more than five please attach separate list)

5. We further state that the business name(s), address(es) and tel.no(s) of other pharmacies owned either individually or as a partner in a partnership which is a member of the Guild by any of us are as follows:

(a) of
.....
Tel. no

(b) of
.....
Tel. no

(c) of
.....
Tel. no

(d) of
.....
Tel. no

(e) of
.....
Tel. no

(if more than five 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)
.....)
THIS DAY OF) Before me
.....)
..... 20.....)
.....
A person Duly Authorised To Witness
Statutory Declarations

DECLARED AT)
.....)
THIS DAY OF) Before me
.....)
..... 20.....)
.....
A person Duly Authorised To Witness
Statutory Declarations

DECLARED AT)
.....)
THIS DAY OF) Before me
.....)
..... 20.....)
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A person Duly Authorised To Witness
Statutory Declarations

DECLARED AT)
.....)
THIS DAY OF) Before me
.....)
..... 20.....)
.....
A person Duly Authorised To Witness
Statutory Declarations

DECLARED AT)
.....)
THIS DAY OF) Before me
.....)
..... 20.....)
.....
A person Duly Authorised To Witness
Statutory Declarations

Return this declaration with the fee payable namely \$.....

~~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.~~