



ASSOCIATE STATUS APPLICATION – INDIVIDUAL PHARMACIST
FORM 25 (RULE 6B)

Notes to consider when completing this form

- 1. All questions must be answered for your application to be processed. Please provide your email address, as this is our preferred method of contact. We may request further information if required prior to processing this application.
2. Please return your completed form to the Branch Office, by posting to; PO Box 457, Spring Hill Qld 4004; or fax 07 3831 9246.
3. Your application will be processed, invoiced, and then ratified at the next meeting of the Queensland Branch Committee. Should you have any queries prior to this, please contact Member Services at the Branch Office on 07 3831 3788.

The Branch Director
The Pharmacy Guild of Australia, Queensland Branch

I am a registered pharmacist, hereby apply in accordance with the Constitution (Rule 6B) of The Pharmacy Guild of Australia for Associate Status as from

Form with fields for Title, Surname, First name, Middle name, Preferred name, Male/Female, Date of birth, Private email, Private address, Suburb, State, Postcode, Postal address, Mobile phone, Private phone, Name of principal pharmacy, Suburb.

If accepted, I agree to be bound by Rule 6B of the Constitution of the Guild and to pay all money from time to time due and payable by me up to the time I cease to be an associate.

Signature of Applicant:

Dated the Day of 20

PRIVACY 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.

OFFICE USE

Table with 4 columns: Associate #, Letter sent, Entered, Invoice #, Inv date, Inv amount, Notes.