

## Corporate Membership application

Please note: This is a tax invoice once payment has been received

### Pharmacy Business Details

Pharmacy Name: \_\_\_\_\_ ABN: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Preferred mailing address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 State: \_\_\_\_\_ Post code: \_\_\_\_\_ Email address: \_\_\_\_\_

### Corporate Membership Details - (All members must be employed by the pharmacy business)

#### Membership allows 4 Pharmacists or 3 Pharmacists + 2 Pharmacy Staff

##### Pharmacist 1 (Designated nominee who holds voting rights)

Title: \_\_\_\_\_ Last name: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Position: \_\_\_\_\_

##### Pharmacist 2

Title: \_\_\_\_\_ Last name: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Position: \_\_\_\_\_

##### Pharmacist 3

Title: \_\_\_\_\_ Last name: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Position: \_\_\_\_\_

##### Pharmacist 4 or Pharmacy Staff 1

Title: \_\_\_\_\_ Last name: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Position: \_\_\_\_\_

##### Pharmacy Staff 2

Title: \_\_\_\_\_ Last name: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Position: \_\_\_\_\_

### Additional information

Area of practice		Style of pharmacy	
<input type="checkbox"/> Community	<input type="checkbox"/> Government	<input type="checkbox"/> Regional Centre	<input type="checkbox"/> Strip
<input type="checkbox"/> Hospital	<input type="checkbox"/> Other	<input type="checkbox"/> Medical Centre	<input type="checkbox"/> Isolated
<input type="checkbox"/> Industry		<input type="checkbox"/> Neighbourhood	<input type="checkbox"/> Hospital

How did you hear about the College?  Advertisement  Friend or colleague  Search engine  Other: \_\_\_\_\_

### Membership fee (please tick)

<input type="checkbox"/>	<b>Corporate Membership</b> (Up to 3 pharmacists and up to 2 other pharmacy staff <b>OR</b> Up to 4 pharmacists)	<b>\$902.00</b> inc \$82.00 GST
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### Payment options (please tick)

**Credit Card** Visa Mastercard Amex  
 Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Total: \_\_\_\_\_  
 Cardholder's name: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_  
 **Direct Deposit** **College bank details:** Australian College of Pharmacy BSB: 082-057 Account: 858597370  
 Full name: \_\_\_\_\_ Date of payment: \_\_\_\_\_  
 **Cheque** – cheques made out to Australian College of Pharmacy

### Declaration

The Australian College of Pharmacy (THE COLLEGE) maintains a database of names, addresses and other information relevant to membership of THE COLLEGE. This data is accessed by THE COLLEGE staff to mail information including publications and member services. It is made available to companies and organisations which provide member services and benefits. This includes mailing houses that provide these services. Members may request that personal information not be passed onto a third party. However, this will result in the member being unable to receive information from THE COLLEGE. A member may request, at any time, a copy of their personal information held by THE COLLEGE.

I have read and understood the College's [Privacy Policy](#), [Terms and Conditions](#) and [Refund Policy](#). I declare that the information provided on this form is correct.

## Corporate Membership application

For each of the (up to 5) owner/employees of the corporate member pharmacy business

Membership allows 4 Pharmacists or 3 Pharmacists + 2 Pharmacy Staff

Personal Details	Pharmacist 1 <i>(Designated nominee who holds voting rights)</i>	Pharmacist 2	Pharmacist 3	Pharmacist 4 or Pharmacy Staff 1	Pharmacy Staff 2
Last Name					
Given Name (s)					
Preferred Mailing Address					
Suburb					
State					
Postcode					
Home Phone					
Mobile Phone					
Email Address					
Date of Birth <i>(we need your DOB to ensure security of your account)</i>					
Pharmacist/Non Pharmacist					
Post Nominals <i>(if applicable)</i>					
Year of Pharmacist Registration					
Pharmacist Registration Number					
Other Memberships Held <i>(Eg. PSA, Guild, SHPA, AACP)</i>					
<b>Declaration</b> (please tick)					
I declare that the information provided on this form is correct.					