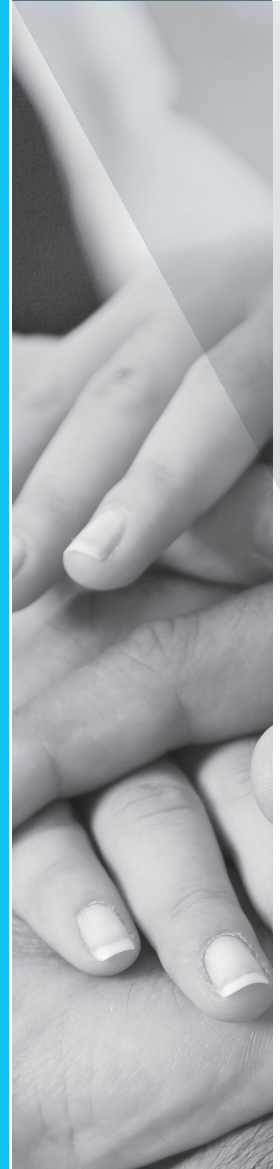


Membership application form

V12.1
FEB 2012



PHARMACY ASSISTANT OR PHARMACY TECHNICIAN – PSA MEMBERSHIP APPLICATION FORM

What is the Pharmaceutical Society of Australia Ltd?

The Pharmaceutical Society of Australia Ltd (PSA) is the leading professional organisation for all pharmacists working across a wide range of health care settings.

PSA also provides a category of membership for Pharmacy Assistants and Technicians – PAT membership.

Why should I join PSA?

You will receive recognition for your training and education, access to a wide variety of resources, access to policies, standards and guidelines through the PSA website relevant to your role in the pharmacy and networking opportunities to advance your career.

Benefits of PAT membership of PSA include:

- A Membership certificate affirming your fulfilment of the requirements for membership
- Discounts as a member of The Society, on pharmacy lectures, workshops and events offered by the local PSA Branch
- A significant member discount on registered training organisation courses that lead to the award of

qualifications such as:

- PSA Certificate II in Community Pharmacy by Assessment.
- PSA Certificate III in Community Pharmacy (Dispensary).
- Diploma of Management
- Certificate IV in Training and Assessment
- Access to discounted resources that will assist you in your workplace
- Access to Pharmacy policies, guidelines and standards relevant to your day to day work in the pharmacy

In addition, PSA also provides a program of selected external member benefits which can be viewed via the PSA website. Examples of these program benefits provided by third parties are

- PSA Amex Gold Credit Card
- PSA's AMP home loan offer
- Shell Motor charge card for fuel discounts and more
- Hertz car rental discounts
- The Entertainment book for discounted social events and outings

We would welcome your application as a member of PSA and if you have any queries about this level of membership or about the Pharmaceutical Society of Australia please call 1300 369 772 or email membership@psa.org.au

You may mail your application to

PO Box 42
DEAKIN WEST ACT 2600

Or fax to 02 6285 2869

PHARMACY ASSISTANT OR PHARMACY TECHNICIAN – PSA MEMBERSHIP APPLICATION FORM

- I wish to apply for PAT membership of the Pharmaceutical Society of Australia.Ltd
 I am enrolled in or have completed the Certificate II in Community Pharmacy or
 I have enrolled in or have completed the Certificate III in Community Pharmacy.
 I agree to abide by the PSA Code of Ethics as provided on the PSA website at www.psa.org.au/membership/ethics

Signed: Date:

Personal details

Title: Prof / Dr / Miss / Mr / Mrs / Ms Male Female

First name: Last name:

Middle name: Preferred name:

Post-nominal:

Home address: Business/employer name:

..... Business/employer address:

.....

State/Postcode: State/Postcode:

Work hours phone: Phone:

Mobile number: Fax:

Date of birth:

I prefer to receive PSA mail at: Home Work

I prefer to receive my renewal notice at: Home Work

Email address:

Additional information

Primary location: Capital city Other metro Large rural centre Small rural Remote rural

Average working hours per week:

Your application for admission to PSA will be considered at the next meeting of the PSA Board.

Please return the application by fax to 02 6285 2869. or mail to:

PO Box 42,

DEAKIN WEST ACT 2600.

If you require further information please contact: membership@psa.org.au

PHARMACY ASSISTANT OR PHARMACY TECHNICIAN – PSA MEMBERSHIP APPLICATION FORM

Payment details

Last name: First name:

Option A: Direct Debit

I authorise PSA to debit my/our account

Monthly \$9.47 Quarterly \$27.61 Annually \$107.00

for my membership subscription.

Card holder's name/account name:

Credit card type: Visa Mastercard AMEX

Card number:

Expiry date: /

or

BSB: Account number:

Signature: Date: / /

Option B: Single Annual payment \$107.00

Cheque/Money Order Credit card

Card holder's name:

Credit card type: Visa Mastercard AMEX

Card number:

Expiry date: /

Signature: Date: / /

**FAX to the PSA National Office on 1300 726 583 or post to:
Reply paid 42, DEAKIN WEST ACT 2600**

Direct debit information

Direct debit request service Agreement

This document outlines our service commitment to you, in respect of the Direct Debit Request arrangements made between you and the Pharmaceutical Society of Australia Ltd. (ABN 49 008 532 072). It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

How to contact us

Please direct all enquiries to us, rather than to your financial institution. These should be made at least 7 working days prior to the next scheduled drawing date. You may contact us as follows:

Pharmaceutical Society of Australia Ltd.
PO Box 42 Deakin West ACT 2600
Phone: 1800 303 270, Fax: 1300 726 583
Email: membership@psa.org.au

In all communication addressed to us you will need to quote your member number.

Our commitment to you – initial terms of the arrangement

We undertake to periodically debit your nominated account for the currently prevailing membership fee according to the Direct Debit arrangements agreed with you.

The first drawing under this Direct Debit arrangement will occur on the first due date following the commencement of this agreement.

If any drawing falls on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.

We will give you at least 14 days notice in writing when we propose to make changes to the initial terms of the arrangement. If you contact us to make changes to the initial terms of the arrangement, the changes may take effect with less than 14 days notice.

If you wish to discuss any changes to the initial terms, please contact us.

Confidentiality

All personal customer information held by us will be kept confidential in accordance with PSA's Privacy Policy. Relevant information will be provided to our financial institution to initiate the drawing to your nominated account.

Your rights – changes to the arrangement

If you wish to make changes to the drawing arrangements, please contact us. These changes may include:

- deferring the drawing;
- altering the schedule;
- stopping an individual debit;
- suspending the Direct Debit Request; or
- cancelling the Direct Debit Request.

Disputed payments

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us in the first instance.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

If you do not receive a satisfactory response from us, please contact your financial institution which should respond to you with an answer to your claim:

- within five business days (for claims lodged within 12 months of the disputed drawing); or
- within 30 business days (for claims lodged more than 12 months after the disputed drawing).

Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this);
- on the drawing date there are sufficient cleared funds in the nominated account; and
- you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, we may re-draw on your account after four (4) business days, or contact you to arrange alternate payment. Any transaction fees payable by us in respect of the above may be added to your account.

Privacy policy

PSA collects your personal information to provide you with membership of The Society, education,

information (including event information) and advocacy as well as providing you with products and services from the Pharmaceutical Society of Australia Ltd and from providers with which The Society has arrangements. PSA collects information for research and other purposes and may contact you for up to 12 months after cessation of your membership. PSA may communicate with you for these purposes by any means. This includes email which does not contain a functional 'unsubscribe' facility for communications relating to membership or the constitution of the Pharmaceutical Society of Australia Ltd. In respect of communications other than these, The Society will upon request unsubscribe you from its contact list.

PSA may disclose your personal information to the speakers, organisers, hosts and sponsors of events you have advised you are attending, our agents and contractors and providers of goods and services with which PSA has an arrangement. With your permission, PSA may also disclose to Australian and overseas regulatory authorities the fact that you are a member, the nature of your membership and the courses you have completed, on request by such authorities. You are able to request a copy of your personal information. By submitting this form, you consent to PSA using and disclosing your personal information and contacting you as described above. For further information refer to The Society's website www.psa.org.au

PHARMACEUTICAL SOCIETY OF AUSTRALIA LTD.
ABN 49 008 532 072

NATIONAL OFFICE
Pharmacy House
44 Thesiger Court
Deakin ACT 2600
PO Box 42
Deakin West ACT 2600
P: 02 6283 4777
F: 02 6285 2869
E: psa.nat@psa.org.au

www.psa.org.au

BRANCH CONTACT DETAILS
P: 1300 369 772
F: 1300 369 771

AUSTRALIAN CAPITAL TERRITORY
Pharmacy House
44 Thesiger Court
Deakin ACT 2600
PO Box 42
Deakin West ACT 2600
E: act.branch@psa.org.au

NEW SOUTH WALES
82 Christie Street
St Leonards NSW 2065
PO Box 162
St Leonards NSW 1590
E: nsw.branch@psa.org.au
QUEENSLAND
PACE, Level 3, West Wing
20 Cornwall Street
Dutton Park QLD 4102
PO Box 6120
Buranda QLD 4102
E: qld.branch@psa.org.au

SOUTH AUSTRALIA
Suite 7/102
Greenhill Road
Unley SA 5061
E: sa.branch@psa.org.au
TASMANIA
161 Campbell Street
Hobart TAS 7000
E: tas.branch@psa.org.au
VICTORIA
Level 1, 381 Royal Parade
Parkville VIC 3052
E: vic.branch@psa.org.au