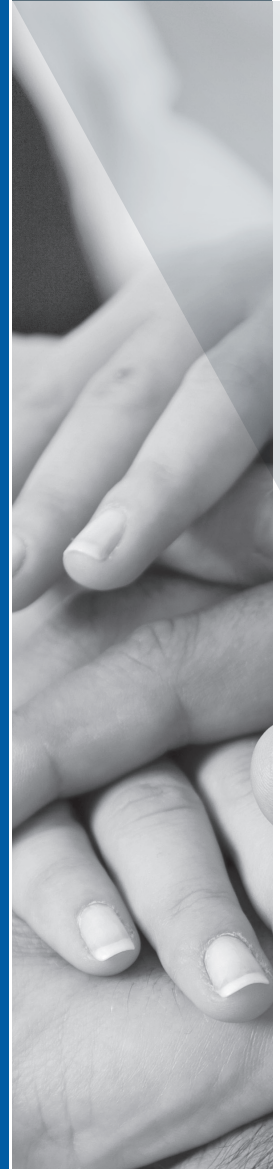


# Membership application form

V12.1  
FEB 2012



## ASSOCIATE – 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 non-pharmacists working in a professional capacity in an area associated with the practice of pharmacy.

### Why should I join PSA?

You will receive, access to a wide variety of resources, access to PSA policies, standards and guidelines and a range of Professional Development opportunities. Benefits of Associate membership of PSA include

- A Membership certificate and membership card affirming your fulfilment of the requirements for membership
- Discounts as a member of The Society, on pharmacy conferences, lectures, workshops and events offered by PSA.
- 12 editions of the Australian Pharmacist journal delivered directly to you.

- Access to the quality education modules provided by PSA on a range of topics and via a range of mediums. These include Essential CPE booklets, an annual Gold Questionnaire, interactive online lectures and the articles and questions in the Australian Pharmacist journal each month. Access at member prices to PSA conferences, workshops and lecture
- A significant member discount on registered training organisation courses delivered online, that lead to the award of qualifications such as
  - Diploma of Management
  - Certificate IV in Training and Assessment
- Access to purchase at a member discounted price, resources that will assist you in your workplace
- Access to Pharmacy policies, guidelines and standards relevant to your work associated with the pharmacy profession.

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

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

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](mailto:membership@psa.org.au)

You may mail your application to:

PO Box 42  
DEAKIN WEST ACT 2600

or fax to 02 6285 2869.

# ASSOCIATE – PSA MEMBERSHIP APPLICATION FORM

- I wish to apply for Associate membership of the Pharmaceutical Society of Australia Ltd.
- I am not a qualified pharmacist but I do hold tertiary qualifications in a related field.
- I agree to abide by the PSA Code of Ethics as provided on the PSA website at: [www.psa.org.au/membership/ethics](http://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: .....

## Professional Qualifications

Tertiary Qualifications	Awarded by (full name and location of institution)	Date Awarded

Copies of professional qualifications must be provided with this application or a statement from a:

Referee (a person who can confirm professional qualifications): .....

Referee Contact details: .....

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](mailto:membership@psa.org.au)

# ASSOCIATE – MEMBERSHIP APPLICATION FORM

## Payment details

Last name: ..... First name: .....

### Option A: Direct Debit

I authorise PSA to debit my/our account

Monthly \$57.70  Quarterly \$171.57  Annually \$670.00

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 \$670.00

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](mailto: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](http://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](mailto:psa.nat@psa.org.au)

[www.psa.org.au](http://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](mailto: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](mailto: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](mailto:qld.branch@psa.org.au)

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