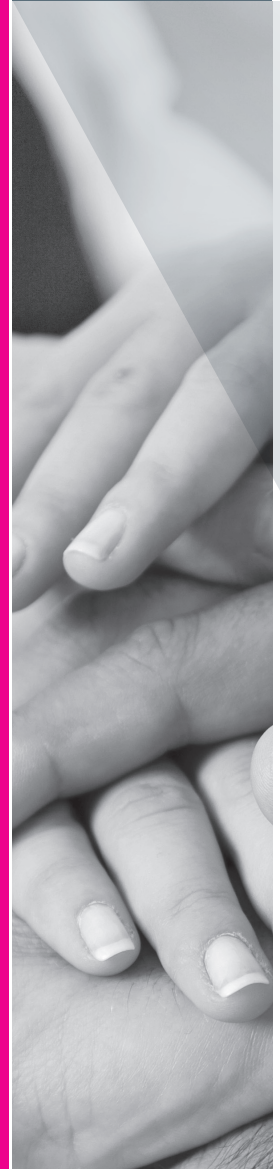


## Membership application form

V12.1  
FEB 2012



# INTERN PHARMACIST – 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's mission is to maximise opportunities for pharmacists to contribute to improved health care outcomes for all Australians through excellence in pharmacy practice.

Members contribute to health care across a range of settings; community, hospital and residential care.

PSA represents pharmacists working in a broad range of working environments:

- Community
- Hospital
- University
- Industry
- Government
- Military
- Consultancy
- Pharmacy education.

### Why join PSA?

Annual membership of PSA for Intern Pharmacists offers:

- Online recording of CPD activities to satisfy the Board requirements for continuing education;
- A 12 month subscription to Australian Pharmacist, PSA's official journal providing pharmaceutical information and education for members;
- Discounted member prices from the PSA bookshop; now available online;
- Seminars and workshops at member rates;
- Mentoring and networking opportunities at local events;
- Conference registration at member rates;
- Early Career Pharmacist social events;
- Use of the post nominal MPS;
- Access to the PSA member's only website; and
- Tax deductible membership fee.

### PSA Bookshop

The PSA Bookshop is available on the net – order reference texts and other items including the latest edition of the APF and AMH and have these items delivered direct to you at your home or pharmacy. Log on to [www.psa.org.au](http://www.psa.org.au) and select Books and Products.

### Early Career Pharmacists

PSA has recently committed to providing services specific to Early Career Pharmacists who may have different needs to other members. Services may include social events, discussion forums and mentoring opportunities.

### Education and events

Evening lectures and branch seminars are either available now on the web from most branches, or soon will be, as a service to those members located away from the centres where these events take place.

### Join PSA

Discounted member rates are offered for the first four years following your graduate year. Fill out the attached form and post or fax it back to PSA. For further information on the benefits of PSA membership contact your nearest PSA Branch on 1300 369 772, visit our website at [www.psa.org.au](http://www.psa.org.au) or email [membership@psa.org.au](mailto:membership@psa.org.au)

# INTERN PHARMACIST – PSA MEMBERSHIP APPLICATION FORM

- I wish to apply for membership of the Pharmaceutical Society of Australia Ltd and I am eligible to register with the Australian pharmacist registration authority.
- I have read, and 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).
- I am (select one)  a graduate in pharmacy from an institution approved by the PSA Board or  
 undertaking an APEC Stage 2 course

Signed: ..... Date: .....

Please include a copy of evidence of your pharmacy qualification to enable us to submit your application to the PSA National Board.

If you are a former member of PSA or a participant in a pre-registration course, please provide your PSA number if known: .....

## 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: .....

I prefer to receive PSA mail at:  Home  Work I prefer to receive my renewal notice at:  Home  Work  Email

Email address: .....

Final year of initial pharmacy qualification: ..... Date of birth: .....

Nominated Branch:  ACT  NSW  QLD  SA/NT  TAS  VIC  WA (Select the location where you either work or reside.)

Please tick if we may provide you with information on the Pharmacy Self Care Program for your pharmacy.

The Society's Concise Report (which includes the concise financial report, directors' report and statement by the auditor in accordance with s 314 of the *Corporations Act 2001*) is made available to members to download through the PSA website. You will be notified each year when it is available. Alternatively you may nominate to receive a hard copy, free of charge, through the mail. This nomination need only be made once, but may be changed by you in writing.

I wish to receive a copy of the Society's Concise Annual Report by mail.

## Additional information

<b>Primary area of practice</b>	<input type="checkbox"/> Community <input type="checkbox"/> Government	<input type="checkbox"/> Hospital <input type="checkbox"/> Consultant	<input type="checkbox"/> Academia/research <input type="checkbox"/> Other pharmacy	<input type="checkbox"/> Industry <input type="checkbox"/> Other non-pharmacy
<b>Primary location</b>	<input type="checkbox"/> Capital city <input type="checkbox"/> Small rural	<input type="checkbox"/> Other metro city <input type="checkbox"/> Remote rural	<input type="checkbox"/> Large rural centre	
<b>Membership of pharmacy organisations</b>	<input type="checkbox"/> PGA	<input type="checkbox"/> ACP	<input type="checkbox"/> SHPA	<input type="checkbox"/> APESMA
<b>Additional accreditation</b>	<input type="checkbox"/> Completed MMR Stage 1	<input type="checkbox"/> Completed MMR Stage 2	<input type="checkbox"/> AACP Accredited pharmacist	
<b>Would you like to register for these Special Interest Groups?</b>	<input type="checkbox"/> Rural <input type="checkbox"/> Accredited pharmacist	<input type="checkbox"/> Military	<input type="checkbox"/> Early Career Pharmacist	<input type="checkbox"/> Pharmacists in Government

Subscription rates (incl. GST)		Tick	Annual	Quarterly	Monthly
<b>Graduate</b>	A pharmacist who has graduated within the previous 12 months from an institution approved by the Board, or who is undergoing APEC Stage 2 or a pre-registration year.	<input type="checkbox"/>	\$165.00	\$42.44	\$14.44

# INTERN PHARMACIST – MEMBERSHIP APPLICATION FORM

## Payment details

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

### Option A: Direct Debit

I authorise PSA to debit my/our account

Monthly  Quarterly  Annually

for my membership subscription in accordance with the published schedule of fees.

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

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  
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**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)