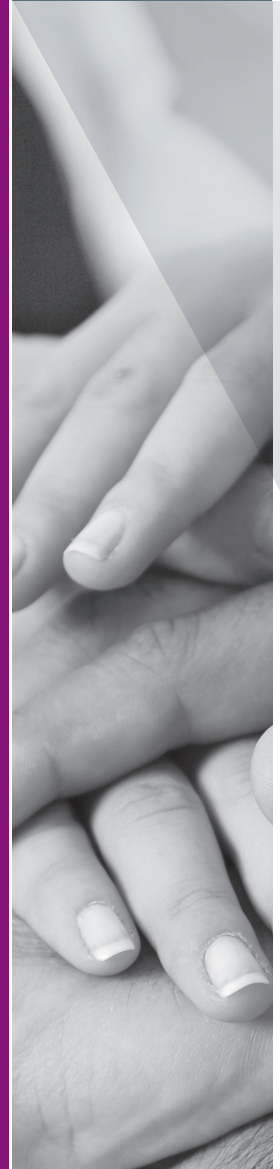


Membership application form

V12.1
FEB 2012



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.

In February 2008, the PSA made an historic decision to change its structure from a federation of branches to become a single, unified organisation. The new structure has strengthened PSA and has allowed it to more efficiently and effectively perform its major functions of providing professional development, practice support, policy development and advocacy for its members.

Some of the key areas PSA is currently focusing on are:

- Delivering professional development opportunities and practice support to members;
- Representing and advocating the role of pharmacists in the health system and identifying future professional opportunities for members;

- Access to professional practice standards and guidelines;
- Training opportunities for Stage 1 accreditation (HMR/RMMR) and credentialing for programs delivered under the Community Pharmacy Agreement, such as the Diabetes Pilot Program (DPP) and Patient Medication Profile program (PMP);
- Collaborating with the Pharmacy Guild of Australia and the Australian Government to successfully deliver outcomes beneficial to the pharmacy profession, through the Community Pharmacy Agreements; and
- Preserving and enhancing pharmacists' professional role.

Pharmacists' professional role is evolving and broadening. Pharmacists may have expanded opportunities in roles such as prescribing, monitoring of pathology and managing chronic disease. PSA is constantly working to position the profession so it can deliver these expanded services.

PSA is working with key stakeholders – such as governments and industry – to ensure pharmacists are recognised as key health care professionals and part of the primary health care team.

PSA membership

As a PSA member you will be provided with:

Access to information resources

- Discounted purchase of a broad range of references, including mandatory texts;
- PSA's monthly journal Australian Pharmacist;

- Branch newsletters;
- Electronic news briefs; and
- Periodic research bulletins.

Education and events

PSA provides quality professional development via:

- Forums for special interest groups for rural pharmacists, accredited pharmacists and early career pharmacists;
- Lectures, seminars and workshops;
- Essential CPE booklets and associated questionnaires;
- Annual Gold Questionnaire;
- CPD articles in Australian Pharmacist; and
- PSA conferences and expositions.

Use of the PSA post-nominal – MPS – recognises you as a pharmacist with a professional edge. Annual Society honours, from Pharmacy Student of the Year awards to Excellence awards for qualified pharmacists, recognise outstanding performers in the field of pharmacy.

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 or email membership@psa.org.au

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.

Signed: Date:

Please include a copy of evidence of your pharmacy qualification to enable us to submit your application to the PSA National Board, or provide your Australian Pharmacist Registration Number APH

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

Last name: First 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 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

| | | | | |
|---|--|--|---|--|
| Primary area of practice | <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 |
| Primary location | <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 | |
| Primary employment status | <input type="checkbox"/> Salaried employee | <input type="checkbox"/> Pharmacy owner | <input type="checkbox"/> Retired | <input type="checkbox"/> Contractor |
| Average working hours per week: | <input type="text"/> hours | | | |
| Membership of pharmacy organisations | <input type="checkbox"/> PGA | <input type="checkbox"/> ACP | <input type="checkbox"/> SHPA | <input type="checkbox"/> APESMA |
| Additional accreditation | <input type="checkbox"/> Completed MMR Stage 1 | <input type="checkbox"/> Completed MMR Stage 2 | <input type="checkbox"/> AACP Accredited pharmacist | |
| Would you like to register for these Special Interest Groups? | <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 | Discount | Annual | Quarterly | Monthly |
|--|--------------------------|----------|----------|-----------|---------|
| Full Rate | <input type="checkbox"/> | | \$670.00 | \$171.57 | \$57.70 |
| 1st year A pharmacist who is in their first year, after completing the pre-registration year. | <input type="checkbox"/> | 50% | \$335.00 | \$85.91 | \$29.01 |
| 2nd year A pharmacist who is in their second year, after completing the pre-registration year. | <input type="checkbox"/> | 35% | \$435.50 | \$111.61 | \$37.61 |
| 3rd year A pharmacist who is in their third year, after completing the pre-registration year. | <input type="checkbox"/> | 25% | \$502.50 | \$128.74 | \$43.35 |
| 4th year A pharmacist who is in their fourth year, after completing the pre-registration year. | <input type="checkbox"/> | 15% | \$569.50 | \$145.87 | \$49.09 |
| Limited hours A pharmacist who works fewer than the equivalent of 45 days in Australia during the membership year (through either reduced working hours or absence from Australia). | <input type="checkbox"/> | 50% | \$335.00 | \$85.91 | \$29.01 |

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

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

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F: 02 6285 2869
E: psa.nat@psa.org.au

www.psa.org.au

BRANCH CONTACT DETAILS
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F: 1300 369 771

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