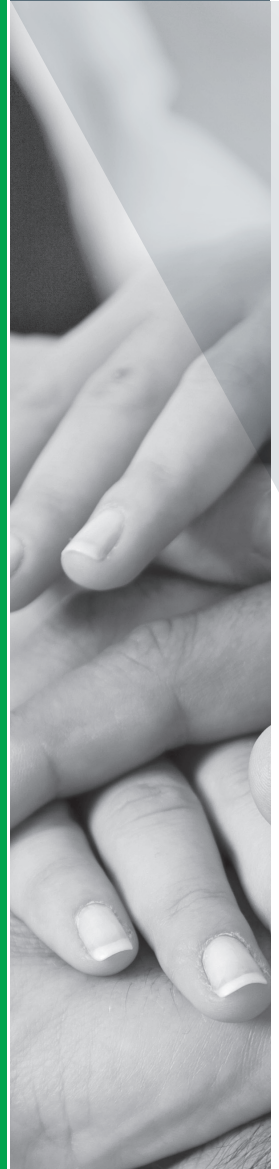


Membership application form

V12.1
FEB 2012



STUDENT – 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 become a student member of PSA?

Unite with your profession

As a student member you'll be joining the leading professional pharmacy organisation committed to furthering the future of pharmacy.

Support for your pharmacy studies through:

- Discounted pharmacy books are available to student members of PSA through the online bookshop found at www.psa.org.au. You'll receive discounted prices on over 200 pharmacy-specific books, including the latest edition APF and AMH;
- Australian Pharmacist, Australia's leading pharmacy journal for news, education and best practice, will be mailed directly to you every month;
- Access to PSA's 'member only' website pages, displaying a range of news and reference material in addition to the online lecture series; and
- Subsidised registration for PSA conferences which feature trade displays, demonstrations, social and networking events.

Connect with pharmacists through the Early Career Pharmacists Network

Get to know other pharmacists through the Early Career Pharmacists social events and forums held by PSA, providing you with invaluable opportunities for mentoring and professional support.

Attending lectures and seminars held regularly by the PSA Branch in your State, gives you additional opportunities for valuable professional networking and mentoring as well as earning CPD points.

NAPSA support

PSA supports NAPSA events, activities and professional programs through sponsorship and in-kind assistance. PSA is a major sponsor of NAPSA.

Recognition you deserve

Professional recognition of student efforts is demonstrated through the Pharmacy Student of the Year awards (PSOTY). Winning a PSOTY travel prize may see you jetting off to the Pharmacy Australia Congress or an overseas pharmacy event.

Join PSA

Fill out the attached form and post or fax it back to PSA. For further information on the benefits of PSA student membership contact your nearest PSA Branch on 1300 369 772, visit our website at www.psa.org.au or email membership@psa.org.au

STUDENT – PSA MEMBERSHIP APPLICATION FORM

- I wish to apply for a student membership of the Pharmaceutical Society of Australia Ltd.
- I am enrolled as a pharmacy student in a course which is accredited by the Australian Pharmacy Council, and is intended to lead to registration as a pharmacist.
This is a non-voting associate category of membership.
- 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:

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 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.)

Additional information

University:

Degree title:

Undergraduate Honours Masters

Current year of study: Expected year of completion:

PSA supports NAPSA by maintaining the NAPSA data base. Please provide your student number and NAPSA branch (if applicable).

Student Number: NAPSA Branch:

Would you like to register for these Special Interest Groups? Rural Accredited pharmacist Military Early Career Pharmacist Pharmacists in Government

STUDENT – PSA MEMBERSHIP APPLICATION FORM

Payment details

Last name: First name:

Option A: Direct Debit

I authorise PSA to debit my/our account

Monthly \$8.20 Quarterly \$23.78 Annually \$92.00

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 \$92.00

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

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www.psa.org.au

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