TEAR OFF HERE, MOISTEN GLUE STRIPS AND FOLD DOWN. REMEMBER TO ENCLOSE PAYMENT IF PAYING BY CHEQUE OR MONEY ORDER.

NATIONAL PHARMACIES

Membership Application

Please Tick ✔

(Dr/Mr/Mrs/Miss/Ms) Surname: Given names:

Street (no. & name): Suburb: Postcode:

Date of birth: (applicant must be aged at least 18 years) / / Telephone (H):

Email:

Please now complete either Option A or B below.

☐ **OPTION A. 1) National Pharmacies Plus** ☐ Family $77.80/year ☐ Single $46.20/year

2) Eligible Pension Member ☐ Family $63.20/year ☐ Single $31.60/year

☐ Pensioner Concession ☐ Gold Repatriation Card ☐ Commonwealth Seniors Card

My card number is: | | | | | | | | | | | | | | | | |

3) Lifeplan Australia Friendly Society Ltd ☐ Family $63.20/year ☐ Single $31.60/year

My membership number is: | | | | | | | | | | | | | | | | |

☐ **OPTION B.** Please add National Pharmacies to my membership with ☐ HBA Pharmacy Saver (no payment required now)

My membership number is: | | | | | | | | | | | | | | | | |

If you currently have family membership cover your new National Pharmacies Membership will reflect this. No payment is required with Option B. If joining through HBA the amount will be added to your next HBA account.

Family Cover

PLEASE COMPLETE THE FOLLOWING:

Spouse's surname (Dr/ Mr/ Mrs/ Miss/ Ms):

Given names: Date of birth: / /

Eligible dependants include children under 17 years of age and single full-time students under 25 years of age (this excludes deferred students).

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Dependant's name in full: ☐ Male ☐ Female Date of birth: / /

If full-time student (17-25), place of study:

Dependant's name in full: ☐ Male ☐ Female Date of birth: / /

If full-time student (17-25), place of study:

Dependant's name in full: ☐ Male ☐ Female Date of birth: / /

If full-time student (17-25), place of study:

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Full payment must accompany Option A.

For options A and B, I have read and accepted the information on page 8 and 9. For Option A (1), I have read and accepted the terms and conditions on page 12 and understand that it includes accidental death cover provided by Lifeplan Australia Friendly Society Limited AFSL 237989.

Please sign here: Date: / /

Your Payment Details

☐ Full payment has been made at a National Pharmacies store. Store location:

☐ My credit card details are: ☐ Bankcard ☐ MasterCard ☐ VISA

My card number is: | | | | | | | | | | | | | | | | |

Card Expiry Date: / / Amount: $ Signature of Card Holder:

☐ Automatic credit card payment. I authorise Lifeplan Australia Friendly Society Ltd (on behalf of National Pharmacies) to automatically debit each year my credit card account for the amount of $

In the event of changes to the contribution rate, I authorise alteration of the amount from the appropriate date in accordance with such change. Automatic payment can be cancelled at any time by simply calling 1300 1300 38.

☐ My cheque/money order for $ is enclosed (payable to National Pharmacies).

Please sign here: Date: / /

Return this application (no stamp required) to: National Pharmacies Member Services Reply Paid 612, Adelaide SA 5001.

OFFICE USE ONLY

Store/Office Location: Staff Member:

Payment Received ☐ Y ☐ N $ Promotion Details:

From time to time National Pharmacies may wish to send you (partner and dependants if family membership) information on the products and services we have available. If you do not wish to receive marketing material from us, please call Member Services on 1300 66 76 76.