

Application for full membership

The National Pharmacy Association
Mallinson House
38-42 St Peter's Street
St Albans
Herts
AL1 3NP

For the year commencing and during 2010

tel 01727 858687

Working for community pharmacy

Membership

Full Membership of the NPA is extended only to:

- (a) a registered pharmaceutical chemist, or
- (b) the executors, administrators or trustees of any such person, or
- (c) a partnership, all the members of which are registered pharmaceutical chemists (or in Scotland, one or more of the partners is a pharmaceutical chemist), or
- (d) a Limited Liability Partnership (LLP), or
- (e) a corporate body (Limited or PLC)

lawfully conducting a retail pharmacy business anywhere in the United Kingdom.

(All applications are subject to the approval of the Board of Management of the NPA.)

Notes

1. A subscription must be paid for all pharmacies which a Member owns or has a controlling interest; failure to pay for any pharmacy automatically cancels all benefits for all other pharmacies under the same ownership.
2. You must declare any financial or controlling links between pharmacy proprietors, eg has a partner or director, any financial interest in another pharmacy or pharmacies, or in any company which owns pharmacies. The NPA reserves the right to reject any application where an interest is held in a pharmacy not in NPA membership.
3. Your subscription must be paid promptly; benefits of membership cease 15 days after the renewal date if the subscription remains unpaid.
4. Benefits of membership include third party and professional indemnity (insurance against dispensing errors, accidents in the pharmacy, giving negligent advice, the costs of defending a prosecution or an unfair dismissal claim, etc). This cover is very wide-ranging and the Statement of Indemnity and Defence Benefits is available on request from the NPA.
5. This application form is applicable for only new full membership applications to the NPA where the applicant has ten or fewer pharmacies in ownership.

Subscription Rates

The standard NPA Subscription and insurance premium is £1027.00 per pharmacy (excluding VAT and IPT). The standard subscription does not include Optical Indemnity which can be granted for an optical department run in conjunction with and on the same premises as a pharmacy in membership, on payment of an additional subscription of £55 (excluding IPT). Standard subscription does not cover an Internet pharmacy, (Internet or Mail-order pharmacy means pharmacy premises which are exempt from the necessary or desirable test - 'distance selling premises') cover can be granted for an internet pharmacy for a membership fee and insurance premium of £1624 (excluding VAT and IPT). The insurance element of the subscription may be amended depending on risks perceived in the business.

These subscriptions are an allowable expense for tax purposes.

National Pharmacy Association Ltd (by Guarantee) 1281757 England NPA Insurance Ltd 64269 England are authorised and regulated by the Financial Services Authority NPA Services Ltd 303781 England NPA Finance and Leasing Ltd 1856853 England Head and registered office: Mallinson House, 38-42 St Peter's Street, St Albans, Herts AL1 3NP

To: **NATIONAL PHARMACY ASSOCIATION LTD**
Mallinson House, 38-42 St Peter's Street, St Albans, Herts AL1 3NP

Please complete whichever one of sections A, B, C or D is appropriate, then continue at section E.

A

This application is made on behalf of a Sole Proprietor/Business Name

State:

Name in full: _____

Qualification(s): _____

RPSGB Registration No: _____

Trading Name: _____

I/We desire membership of the NPA and hereby agree to accept membership on the terms and conditions set out in the articles, present and future, of the company.

Date of opening (or take-over): _____ Signed: _____

Name in full: _____ Position: _____

Telephone No: _____ Email address: _____

Please append details of any other retail pharmacy business in which the Member has a financial interest.

B

This application is made on behalf of a Partnership

State:

Name(s) of all Partners in full: _____

Qualification(s): _____

RPSGB Registration number(s) of all partners: _____

(where applicable): _____

Trading Name: _____

We desire membership of the NPA and hereby agree to accept membership on the terms and conditions set out in the articles, present and future, of the company.

Date of opening (or take-over): _____ Signed: _____

Name of partner in full: _____

Telephone No: _____ Email address: _____

Please append details of any other retail pharmacy business in which the Member or any of its Partners has a financial interest.

C

This application is made on behalf of a Corporate Body

Name: _____

Registered Office: _____

Trading Name if different: _____

Telephone Number: _____

Email address of registered office: _____

Company Registration No: _____

Names of all Directors: _____

Ownership: _____

Name of Superintendent Pharmacist: _____

RPSGB Registration No: _____

I/We desire membership of the NPA and hereby agree to accept membership on the terms and conditions set out in the articles, present and future, of the company.

Date of opening (or take-over): _____ Signed: _____

Name of Directors in full: _____

Please append details of any other retail pharmacy business in which the Member or any of its Partners or Directors has a financial interest.

D

This application is made on behalf of a Limited Liability Partnership

Name: _____

Trading Name if different: _____

Registered Office: _____

Telephone Number: _____

Email address of registered office: _____

Company Registration No: _____

Names of all Partners: _____

Name of Superintendent Pharmacist: _____

RPSGB Registration No: _____

I/We desire membership of the NPA and hereby agree to accept membership on the terms and conditions set out in the articles, present and future, of the company.

Date of opening (or take-over): _____ Signed: _____

Name of Partner(s) in full: _____

Please append details of any other retail pharmacy business in which the Member or any of its Partners or Directors has a financial interest.

E

Schedule of Business and Trading Names

(Append additional names and addresses where appropriate)

Head Pharmacy

1. Trading Name: _____

Address: _____

_____ Postcode: _____

Telephone No: _____ Email address: _____

Fax No: _____ Website: _____

Optical Department

Internet pharmacy

Other Pharmacies

2. Trading Name: _____

Address: _____

_____ Postcode: _____

Telephone No: _____ Email address: _____

Optical Department

Internet pharmacy

Trading Name (if different)

3. Trading Name: _____

Address: _____

_____ Postcode: _____

Telephone No: _____ Email address: _____

Optical Department

Internet pharmacy

Trading Name (if different)

4. Trading Name: _____

Address: _____

_____ Postcode: _____

Telephone No: _____ Email address: _____

Optical Department

Internet pharmacy

Trading Name (if different)

5. Trading Name: _____

Address: _____

_____ Postcode: _____

Telephone No: _____ Email address: _____

Optical Department

Internet pharmacy

Number of pharmacies _____ at **£1132.10** (including VAT and IPT)

The basic NPA subscription does not include **Optical Indemnity**. For an additional subscription an indemnity can be granted for an Optical Department, run in conjunction with and on the same premises as a pharmacy in membership.

Number of Optical Departments _____ at **£57.75** (including IPT)

(Please indicate on the previous page which premises require Optical Indemnity or Internet pharmacy indemnity cover.)

The NPA subscription rate for internet pharmacies with appropriate indemnity cover (Internet or Mail-order pharmacy means pharmacy premises which are exempt from the necessary or desirable test - 'distance selling premises').

Number of Internet pharmacies _____ at **£1758.95** (including VAT and IPT)

Regular £

Optical £

Internet £

_____ **Total £**

- I enclose a cheque, payable to National Pharmacy Association Ltd
- I wish to pay by credit/debit card (Mastercard/VISA/Maestro/Switch)

Notes

These subscriptions are an allowable expense for Income Tax Purposes.
A VAT invoice will be sent on receipt of cheque.
IPT = Insurance Premium Tax.

Details of my credit/debit card

Name on card	<input type="text"/>																			
Card Number	<input type="text"/>																<input type="text"/>			
Start Date	<input type="text"/>	<input type="text"/>	Issue Number (switch payments only)												<input type="text"/>	<input type="text"/>				
Expiry Date	<input type="text"/>	<input type="text"/>	Security Number												<input type="text"/>	<input type="text"/>	<input type="text"/>			
Card Holder's Signature	<input type="text"/>												Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

F

Data Protection Statement

We, being the NPA Group of companies, hold and process all personal information ("Information") in accordance with the Data Protection Act 1998. By submitting your Information (which may include sensitive personal information) to us using this document (or subsequently, in connection with administering your membership) you consent to your Information being processed by us in accordance with this Data Protection Statement. If your Information changes please inform us of the change so that we can update our records.

We will use Information to contact you at various times by post, telephone, electronically and by other means for the following purposes:

- to administer the relationship between you and the NPA Group, and manage business processes in support of this (which may include using third parties)
- to promote the interests of members to the public
- to offer you access to facilities such as NPA information, NPA training courses, NPA products and services and NPA insurance, and
- for additional purposes as set out in the Data Protection Notice which forms part of our "Information about our Insurance Services" document.

We also reserve the right:

- to use your Information for statistical analysis
- to analyse your use of our website and related services using, for example, "cookies" when you access those services
- to transfer Information to other companies ("Other Companies"), which we screen on your behalf to make sure that they are offering products or services that are likely to be of value to pharmacy businesses and professionals. In the unlikely event that you find communication from these Other Companies unwelcome, you may at any time elect not to receive such communication in future. Likewise, you may elect not to receive marketing communications from us. Should you opt out of either, you will not have to opt out again upon renewal of your membership
- to transfer our business assets or our rights under any Group product (which include Information) on sale or merger of the whole or part of the NPA Group. We may do this without contacting you
- to transfer our Information as required to obtain legal advice, comply with legal and regulatory requirements, protect our rights and property, and the safety of our employees, clients, suppliers and others.

You should show this Data Protection Statement to anyone whose personal information you have submitted to us. You have the right to request copies of the Information we hold about you. If you would like to know what information we hold about you, contact the Data Manager, NPA, Mallinson House, 38-42 St Peter's Street, St Albans, AL1 3NP. A fee may be charged for this.

At any time you may ask for further explanation of this policy or change the preference you have registered with us in terms of receiving communication from us or from Other Companies.

The NPA Group comprises:

- The National Pharmacy Association Limited
- NPA Services Limited
- NPA Finance and Leasing Limited
- NPA Insurance Limited

G

Declaration of Business Applying for Membership

1. Does your Business involve any E-Commerce trading activities? Yes No
2. Does your Business involve any wholesale dealing activity in excess of 5% of annual turnover? Yes No
3. Do any of your pharmacies have a turnover of £2,500,000 or more? Yes No
4. Are there any claims or prosecutions currently being made against you alleging negligent act, error or omission which may genuinely and reasonably be expected to result in a claim? Yes No
5. Are you aware of any circumstances which have already occurred which might genuinely and reasonably be expected to result in a claim? Yes No
6. Are you aware of any circumstances which have already occurred which may give rise to your involvement in a legal dispute? Yes No
7. Have you ever been involved in a malpractice liability, Professional Indemnity or Public Liability claim in the past? Yes No
8. Have you ever been subject to an investigation or disciplinary procedures by your professional body (eg RPSGB)? Yes No
9. Have you had similar insurance previously? Yes No

Please give details (insurance company and policy number)

10. Have you ever been refused similar insurance, been quoted increased premiums or had special conditions imposed? Yes No

If you have answered Yes to any of the above questions, please give full details on a supplementary sheet of paper and sign and date it.

Important

Before you sign the following declaration, please make sure that you have answered all the questions and not deliberately omitted information. If you are not sure whether to include certain information, please do so anyway. If you do not tell us something relevant, your insurance may not be valid.

Declaration

I have read this proposal form and checked the answers given. As far as I know, the information on this form is accurate and true. I have read and understand the Data Protection Statement in section F and by signing below I consent to my Information being processed as set out in that Statement.

Your signature _____ Date _____