

# Application for PAGB associate membership

## About PAGB membership

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PAGB, the consumer healthcare association, has represented the UK self-care industry for over 100 years.

Organisations qualify for associate membership of PAGB if they offer, or could offer, services to PAGB or its Member organisations including, for example, but not limited to, advertising agencies, PR consultancies, regulatory consultancies, marketing agencies, sales and distribution companies and public affairs agencies.

If your application is successful, as a PAGB associate member, you will have access to our advertising and regulatory services on behalf of full member companies for all products in membership. You'll also benefit from opportunities to share your expertise with the wider membership through PAGB newsletters and online content.

[A full list of benefits](#) can be viewed on our website.

Please complete all sections of the application form and return to [membership@pagb.co.uk](mailto:membership@pagb.co.uk)

## Applicant representative's contact details

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Full name

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Job title

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Email address

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Telephone

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\*Please note that applications can only be accepted from authorised representatives of the organisation seeking membership.

We will use these details to communicate with you about your application and, if your application is successful, we will keep these on file as the key contact for your organisation until you provide alternative contact details. See PAGB's [privacy policy](#) for more information about how we handle your personal data.

## About your company / organisation

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Name

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Registered company number (if applicable)

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Place of registration (if applicable)

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Registered office address

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Parent company (if applicable)

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Affiliate or subsidiary company(ies) (if applicable)

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No. of employees

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Website

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PO number for membership subscription invoice (if approved)

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Finance contact for membership subscription invoice (if approved)

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Please provide a brief description of your organisation's business activities

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## About your company / organisation

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Please tick the following areas of work that are relevant to your company

- Advertising
- Marketing
- PR
- Public affairs
- Regulatory affairs
- Distribution
- Sales

Other (please specify)

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Please provide a brief description of your organisation's core services



## About your application

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We use this information to help us understand why organisations choose to join PAGB and to inform the development of membership benefits and services.

### Why are you applying for associate membership of PAGB?

(Please rank all that apply in order of importance with 1 being of most importance)

	1	2	3	4	5
Access to copy clearance service (on behalf of a full member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to regulatory advice (on behalf of a full member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discounts on training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To stay up to date with consumer healthcare industry issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suggested by client (PAGB Member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please give details)

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### Do you currently work with any PAGB members companies?

Please list all PAGB members your organisation currently works with (if none, please state none).  
A full list can be found on our website, [here](#).

### How did you hear about PAGB associate membership?

- Previously an associate member
- Working with PAGB
- PAGB website
- Word of mouth recommendation
- Met a PAGB representative

Online (please specify)

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Other (please specify)

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## Before submitting your application

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All applicants should note that associate members are required to support the aims of PAGB and agree to comply with PAGB's **Codes of Advertising Practice**, which are available on the PAGB website at [www.pagb.co.uk/codes-guidance](http://www.pagb.co.uk/codes-guidance).

Organisations applying for associate membership of PAGB should carefully read the following documents which are part of the Membership Agreement:

- **Associate Membership Terms and Conditions**
- **Schedule of Benefits**
- **Terms of Approval for Advertising**

By submitting this application, you agree that you work for and are authorised to act on behalf of the applicant organisation and you agree, on behalf of the applicant organisation, that:

1. you have read, understood and agree, on behalf of the applicant organisation, to the Membership Agreement;
2. neither the applicant organisation nor any parent company or any affiliated company of the applicant organisation is involved in the tobacco industry (as defined by the PAGB Articles of Association);
3. all of the information provided on the application form is true and accurate;
4. the applicant organisation shall process any personal information in compliance with all data protection legislation. Details on how PAGB will process personal information are set out in [PAGB's privacy policy](#);
5. any personal information that the applicant organisation provides to PAGB has been obtained, processed and provided to PAGB in accordance with all data protection legislation and the applicant organisation has ensured that there is a legitimate ground for the processing of any and all personal information by PAGB on behalf of the applicant organisation.
6. If your application is successful, the applicant organisation undertakes to pay the first year's annual subscription fee of £2,950 plus VAT at 20% per annum (in accordance with the Membership Agreement), which applies from January to December and is calculated on a pro-rata basis according to the month your application is accepted.

## Statement

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The applicant organisation applies to the Membership Committee to become an associate member of PAGB, the consumer healthcare association and if admitted undertakes to abide by the Membership Agreement.

Please note that PAGB may in its absolute discretion accept or refuse to admit any applicant organisation.

Signed

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Print name

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On behalf of (organisation name)

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Position

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Date

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Please return this form to [membership@pagb.co.uk](mailto:membership@pagb.co.uk)

For more information or assistance in completing this form, please email [membership@pagb.co.uk](mailto:membership@pagb.co.uk) or call 020 7242 8331. Your application will be reviewed by PAGB's Membership Committee and PAGB will be in touch with the outcome of the Committee's decision.