



The Consumer
Healthcare Association

Application for PAGB full membership

About PAGB membership

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

Organisations qualify for full membership of PAGB if they manufacture and/or market branded non-prescription medicines, self-care medical devices, food supplements or registered herbal medicines in the United Kingdom. We welcome applications from manufacturers of all sizes, long-established, and new to the market.

Full Members are also company law members of PAGB and, as such, have certain rights under Company Law and the Articles of Association, including the right to attend, and vote at, the Annual General Meeting. If your application is successful, as a PAGB Full Member you will have access to our resources and the support of our specialist advertising and regulatory teams to help keep your advertising and regulatory activities in line with best practice, and to support you as you grow your business. You'll also benefit from PAGB's wider regulatory, policy and media engagement on behalf of the industry, shaping the environment for consumer healthcare now and into the future.

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

Please complete all sections of the application form, and the accompanying product information form, and return them to membership@pagb.co.uk

Applicant representative's contact details

Full name

Job title

Email address

Telephone

*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

Name

Registered company number (if applicable)

Place of registration (if applicable)

Registered office address

Parent company (if applicable)

Affiliate or subsidiary company(ies) (if applicable)

Turnover

No. of employees

Website

PO number for membership subscription invoice (if approved)

Finance contact for membership subscription invoice (if approved)

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

Your products

Please tick all categories in which you have OTC products to bring into PAGB membership:

- | | |
|------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Medicines | <input type="checkbox"/> Traditional herbal medicines |
| <input type="checkbox"/> Medical devices | <input type="checkbox"/> Food supplements |

Please complete the attached Product Information Form with details of all OTC medicines (including traditional herbal medicines); self-care medical devices; and food supplements that are manufactured or distributed by the organisation applying for membership.

NB. If you have already completed a product information form, please review the form, provide any updates or confirm the information is still accurate.

- | | | |
|------------------------------------|--------------------------|-------------------------------------------|
| <input type="checkbox"/> Completed | If previously completed: | <input type="checkbox"/> Updates made; OR |
| | | <input type="checkbox"/> No change |

About your application

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

Why are you applying for 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to regulatory advice	<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"/>
Other (please give details)					

How did you hear about PAGB membership?

- | | |
|--------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Working with PAGB | <input type="checkbox"/> Word of mouth recommendation |
| <input type="checkbox"/> PAGB website | <input type="checkbox"/> Met a PAGB representative |

Other (please specify)

Before submitting your application

All applicants should note that full 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.

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

- **Articles of Association**
- **Full Member Terms and Conditions**
- **Terms of Approval for Advertising**
- **Standing Orders**
- **Schedule of Benefits**

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 comply at all times with 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. You have read and understood on behalf of the applicant organisation [PAGB's anti-harassment and bullying policy](#) which outlines PAGB's zero-tolerance policy, including in all instances of harassment that involve a third party;
6. 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.
7. If your application is successful, the applicant organisation undertakes to pay the first year's annual subscription fee (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. Each organisation's fee is calculated based on their respective sales with the minimum fee being £5,000 plus VAT at 20% per annum, and as a result, it may change from year to year.

Statement

The applicant organisation applies to the Membership Committee to become a Full 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

Print name

On behalf of (organisation name)

Position

Date

Please return this form to membership@pagb.co.uk

For more information or assistance in completing this form, please email 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.