



# Application for PAGB retailer regulatory membership

## About PAGB membership

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PAGB, the consumer healthcare association, represents the manufacturers of branded OTC medicines, self-care medical devices and food supplements in the UK (members). Our membership network also includes associate members, of which retailers are a valued category.

Organisations qualify for retailer regulatory membership of PAGB if they operate a retail business selling branded OTC products direct to UK consumers.

If your application is successful, as a PAGB Retailer Regulatory member, you will have access to high quality regulatory intelligence and advice to support your consumer healthcare business, including on the 'big issues' of the day, such as EU exit and rectification. Our regulatory intelligence will help you stay on top of the latest news and requirements for your business. As part of the consumer healthcare association, you'll benefit from PAGB's expert voice and engagement with regulators and government stakeholders on policy related to medicines, self-care medical devices and food supplements.

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

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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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Turnover

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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 tick the following areas of work that are relevant to your organisation

- ☐ Bricks and mortar retail
- ☐ Online retail
- ☐ Regulatory affairs
- ☐ Public affairs/ policy
- ☐ Marketing and PR

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 retailer regulatory membership of PAGB? (please tick all that apply)**

- ☐ Regulatory advice and support (general)
- ☐ Regulatory advice and support on specific issues (please give details)

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- ☐ Regulatory intelligence updates
  - ☐ Policy engagement with key stakeholders
  - ☐ Support on ingredients/safety issues
  - ☐ Discounts on training

Other (please give details)

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**How did you hear about PAGB retailer regulatory membership?**

- ☐ 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 retailer regulatory 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 (which includes retailer regulatory members) should 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. 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, in accordance with the Membership Agreement, the first year's annual subscription fee, as set out in the table below, 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 a retailer regulatory 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.

# Retailer regulatory membership – fee structure

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Band (based on healthcare sales data)	Membership fee
<£1m	£4k
>£1-50m	£6k
£51-100m	£10k
£101-200m	£15k
£201-300m	£20k
£301- 400m	£25k
>£400m	£30k

