

# Application for PAGB gateway membership

#### **About PAGB membership**

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

If your application is successful, as a PAGB gateway member you will have the support of our advertising and regulatory teams to help you prepare for launch. Access specialist regulatory advice on your products and campaign advice from initial idea through to delivery. A list of benefits can be viewed on our website.

Organisations qualify for gateway membership of PAGB if they are not yet eligible to be Full Members and are either seeking to reclassify a medicine, i.e. undertaking a switch from a prescription only medicine to a pharmacy or general sales list category medicine; or developing/introducing a new OTC product for the UK market.

Please complete all sections of the application form and return to <a href="mailto:membership@pagb.co.uk">membership@pagb.co.uk</a>

### Applicant representative's contact details

Full name			
Job title			
Email address			
Telephone			

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.

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

# About your company / organisation

Registered company number (if applicable)  Place of registration (if applicable)  Registered office address
Registered office address
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 company

# About your company / organisation

Do you currently have any OTC products on the UK market?				
Yes				
No				
If 'Yes' please state the name(s) and category below				
Why are you applying for gateway membership?				
Reclassification of (a) product(s)				
Developing a new product*				
Launching a product for the UK market*				
Other (please specify)				
*Please provide a brief description of the product(s) in development, including the product category				

## **About your application**

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

What gateway member benefits and services are you most in	nterested	l in using?	•				
(please tick all that apply)							
	1	2	3	4	5		
Access to copy clearance/ advertising advice*							
Access to regulatory advice and support*							
Regulatory intelligence on issues affecting your business							
Discounts on training							
To stay up to date with consumer healthcare industry issues							
Other (please give details)							
*Up to 10 hours of advice for products in development. Over 10 hours charged at £ Total hours across all services per year.	£125/hour p	olus VAT at 20	0%.				
How did you hear about gateway membership of PAGB?							
Met a PAGB representative							
PAGB website							
Re-joining as a gateway member							
Word of mouth recommendation (please specify e.g. regi	ulator, su	pplier, PA	GB Memb	oer)			
Online (please specify)							



Other (please specify)



#### Before submitting your application

All applicants should note that gateway 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 gateway membership of PAGB should carefully read the following documents which are part of the Membership Agreement (which includes gateway members):

- 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 <u>PAGB's anti-harassment and bullying policy</u> 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 of £3,450 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

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