



**Application for membership of  
Victorian Therapeutic Advisory Group Inc.  
(VicTAG Inc)**

Registration number: A0051620G

I, ..... of .....  
*(full name and title/position)* *(health service/organisation)*

desire to become a member of the Victorian Therapeutic Advisory Group (VicTAG) Inc.

Details of how your role/position is relevant to the purpose of VicTAG

.....  
.....

Membership category (Select one):

- Member:** Clinician representing the Medicine and Therapeutics Committee (or equivalent) from a public hospital or public healthcare institution in Victoria
- Associate member:** An employee representing the Medicine and Therapeutics Committee (or equivalent) from a private hospital or private healthcare institution in Victoria
- Associate member:** An employee involved in Quality Use of Medicines (QUM) from a public or private hospital or healthcare institution in Victoria
- Associate member:** An employee from a public or private hospital outside of Victoria representing the Medicine and Therapeutics Committee (or equivalent) or involved in the quality use of medicines

Distribution lists (select all that apply):

- VicTAG QUM Group
- VicTAG Emergency and Life Saving Medicines Register
- VicTAG General Information
- Medication Shortages

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

.....  
Signature of applicant

.....  
Date

I, ..... the lead member of .....  
*(full name)* *(health service/organisation)*

nominate the above applicant, for membership of the Association and confirm they are representing the health service/organisation who has a current subscription with VicTAG Inc.

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Signature of Director of Pharmacy / Lead Member

.....  
Date