



**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

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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 Drug 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

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.

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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

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Date