



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

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

desire to become a member of the Victorian Therapeutic Advisory Committee Inc.

Select one:

- Full member:** Clinician representing the Drug and Therapeutics Committee (or equivalent) from a public hospital or public healthcare institution in Victoria
- Provisional member:** Clinician representing the Drug and Therapeutics Committee (or equivalent) from a private hospital or private healthcare institution in Victoria
- Provisional member:** Clinician involved in Quality Use of Medicines (QUM) from a public or private hospital or healthcare institution in Victoria
- Provisional member:** Clinician representing the Drug and Therapeutics Committee (or equivalent) from a public or private hospital outside of Victoria

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

.....  
Email address

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I, ....., a member of the Association nominate the applicant,  
*(full name)*  
who is personally known to me, for membership of the Association.

.....  
Signature of proposer

.....  
Date

I, ....., a member of the Association nominate the applicant,  
*(full name)*  
who is personally known to me, for membership of the Association.

.....  
Signature of seconder

.....  
Date