

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

I,			
	(full name and title/position	on) (hospital/organisation)	
desire	to become a member of the Victorian Th	I title/position) (hospital/organisation) Victorian Therapeutic Advisory Committee Inc. enting the Drug and Therapeutics Committee (or equivalent) from a public institution in Victoria in representing the Drug and Therapeutics Committee (or equivalent) from a althcare institution in Victoria in involved in Quality Use of Medicines (QUM) from a public or private hospital or uria in representing the Drug and Therapeutics Committee (or equivalent) from a public Victoria in member, I agree to be bound by the rules of the Association for the time being Date Date Date Date	
Select	one:		
	Full member: Clinician representing the I hospital or public healthcare institution in		
	•	mber of the Victorian Therapeutic Advisory Committee Inc. nician representing the Drug and Therapeutics Committee (or equivalent) from a public chealthcare institution in Victoria aber: Clinician representing the Drug and Therapeutics Committee (or equivalent) from a private healthcare institution in Victoria aber: Clinician involved in Quality Use of Medicines (QUM) from a public or private hospital or ution in Victoria aber: Clinician representing the Drug and Therapeutics Committee (or equivalent) from a public alloutside of Victoria alloutside of Victoria assion as a member, I agree to be bound by the rules of the Association for the time being Date Date Date Date (full name) In to me, for membership of the Association. Date (full name) In to me, for membership of the Association.	
Provisional member: Clinician involved in Quali healthcare institution in Victoria		ity Use of Medicines (QUM) from a public or private hospital or	
	Provisional member : Clinician representi or private hospital outside of Victoria	ng the Drug and Therapeutics Committee (or equivalent) from a publ	
In the in forc	-	ree to be bound by the rules of the Association for the time being	
	ure of applicant	_	
	address		
l,		, a member of the Association nominate the applicant,	
who is	s personally known to me, for membersh	ip of the Association.	
	ure of proposer		
	(full name)		
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 Signatı	ure of seconder	 Date	