



**APPLICATION FOR MEMBERSHIP OF
VICTORIAN THERAPEUTIC ADVISORY COMMITTEE INC.
(VicTAG Inc)**

I, of
(name and occupation) *(hospital and organisation)*
desire to become a member of the Victorian Therapeutic Advisory Committee Inc.

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

.....
Signature of proposer
Date:

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

.....
Signature of seconder
Date: