



LTAV
Laboratory Technicians' Association
of Victoria

By Lab Technicians for Lab Technicians

PO Box 1333
WARRAGUL 3820
www.ltav.org.au

2010 LTAV MEMBERSHIP FORM

REGISTRATION / CHANGE OF DETAILS (please circle one)

New members to LTAV must complete an APPLICATION FORM as well (refer to website above)

Technicians employed or formerly employed in educational institutions are eligible for membership of LTAV. Financial members receive Lablines, LABCON 2010 Registration booklet and a discount and voting rights at the Annual General Meeting.

MEMBER NAME:

NAME OF SCHOOL/INSTITUTION:

POSTAL ADDRESS OF SCHOOL/ INSTITUTION:

SUBURB:

STATE:

POSTCODE:

E-MAIL ADDRESS:

PHONE NUMBER:

FAX NUMBER:

POSITION IN ORGANISATION:

ARE YOU TEMPORARY? YES / NO

OR PERMANENT? YES / NO

IF TEMPORARY PLEASE PROVIDE DETAILS OF TERMS OF EMPLOYMENT:

HAVE YOU REGISTERED AT MORE THAN ONE SCHOOL / ORGANISATION? YES / NO

IF YES THEN PLEASE INDICATE WHERE YOU WOULD LIKE YOUR LABLINES SENT:

REGION:

SIGNED:

DATE:

TAX INVOICE:

Laboratory Technicians' Association of Victoria Inc (LTAV)
PO Box 1333, Warragul, VIC, 3820 ABN: 96 439 156 002

Commonwealth Bank of Australia
BSB: **063 532** Account Number: **1040 1068**

Make sure you include your name and school
in the TO section of your direct payment for
easy identification

\$44 (includes GST) INDIVIDUAL MEMBERSHIP FEE – FULL YEAR (1st January 2010 to 31st December 2010)

Payment due by **30th April 2010**

Please make Cheque or Money Order payable to: **LTAV Inc**

Mail payment with this form to above address.

If paying by **Direct Debit** send the remittance advice with this form. Memberships will not be processed until the remittance advice has been received.

Tax Receipt will be issued.

OFFICE USE ONLY

Tax Invoice No:

Payment date:

Method: