



ABN 96 439 156 002

LTAV
Laboratory Technicians' Association
of Victoria

By Lab Technicians for Lab Technicians

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

**APPLICATION FOR MEMBERSHIP
OF
LABORATORY TECHNICIANS' ASSOCIATION of VICTORIA**

I,.....
(name and occupation)

of, employed at
(address)

....., desire to become a
(school address)

member of the Laboratory Technicians' Association 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. I also agree to provide the information included in the Association's then current Renewal form to the Association's Registrations officer by 30 April each year.

.....

Signature of Applicant

Date

I,....., a member of the Association or member
(name)

of staff at the applicant's school or place of work, nominate the applicant, who is personally known to me, for membership of the Association.

..... Signature of Proposer

Date

I,....., a member of the Association or member
(name)

of staff at the applicant's school, second the nomination of the applicant, for membership of the Association.

..... Signature of Secunder

Date