



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

I.....
(name and occupation)

of , employed at
(address)

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

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 Membership officer by 30 April each year.

Signature of Applicant Date

PLEASE TICK THIS BOX if you are a new Laboratory Technician or Assistant in your 1st year of employment in education and LTAV will cover the cost of your Membership for this 1st year

I..... , a member of the Association or member of staff at the applicant's
(name)
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 Seconder Date