



LTAV
Laboratory Technicians' Association
of Victoria

By Lab Technicians for Lab Technicians

P.O Box 4326
 Croydon Hills
 3136

www.ltav.org.au

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

I,
 (name and occupation)

employed at
 (school name)

of
 (school address)

.....
 (email address)

desire to become a 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 30th 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