

Lymphoedema Practitioners' Education Group of Victoria
Note: LPEGV Membership year is from May 1 to April 30)



Application date: ___ / ___ / _____

First application

Renewing

Name: _____

Email address: _____

Preferred phone contact: _____

Postal address: _____

Occupation: Massage/Myotherapist Occupational Therapist Physiotherapist
 Registered Nurse (Div 1) Other (please state): _____

Are you a current NLPR member: Yes No NLPR number: _____

Lymphoedema Practitioners Education Group of Victoria Membership Criteria (2013):

Membership is open to qualified health professionals who are registered with their relevant professional body and who have completed a lymphoedema management course which is recognised by the Australasian Lymphology Association's National Lymphoedema Practitioner Register. To view a copy of the current Rules of Association, go to www.lpegv.org.au

For information about lymphoedema management courses recognised by the ALA go to:
http://www.lymphoedema.org.au/ALA/About_The_Register/Lymphoedema_Training_Courses/ALA/About_the_Register/Training_Courses.aspx?hkey=154cf760-ea39-4eb5-a1fe-6fe85bf97178

Declaration:

I _____ wish to become a member of the Lymphoedema Practitioners Education Group of Victoria Incorporated. As a member, I agree to be bound by the rules of the association for the time being in force (Rules of association available on LPEGV website www.lpegv.org.au)

Signature: _____

I agree to have my practice details circulated to members of LPEGV and other relevant parties.

Yes

No

Signature: _____

I would like to be on the LPEGV committee

I would be willing to write an article for the newsletter

Practice information to be included on LPEGV practitioner list

Practice name/Address 1: _____

Phone: _____

Fax: _____

Email: _____

Practice name/Address 2: _____

Phone: _____

Fax: _____

Email: _____

Payment (initial/renewing): \$55.00 (inc GST):

Cheque or money order (payable to Lymphoedema Practitioners Education Group of Victoria Inc)

OR

Direct Deposit to The Lymphoedema Practitioners Education Group of Victoria Incorporated BSB 033-058 ACC 89-2233. Please **quote your name as** payer plus paying entity (eg. business name) if different. Post or email scanned completed forms with payment details.

Please complete all details with payment, attached paperwork listed below and return via post or scan and email.

Mail to: Nani McMullin
Membership Secretary
Lymphoedema Practitioners Education Group of Victoria
121 Lavender Park Rd Eltham Vic 3095

Scan and email: members@lpegv.org.au

The following paperwork must be included with membership application/renewal:

1. New member

- A copy of evidence of Lymphoedema Training course
- A copy of current NLPR certificate

If you are NOT an NLPR member you must provide:

- PT, OT, RN Div 1: Copy of current AHPRA registration
- Massage therapists: Copy of current professional association membership

2. Renewing member who is an NLPR member

- Evidence of current NLPR membership

Note: If you do not renew your NLPR membership in any given year, you must notify LPEGV within 14 days and provide the additional documents as listed below.

3. Renewing member who is not an NLPR member

- PT, OT, RN Div 1: Copy of current AHPRA registration
- Massage Therapists or Myotherapists: Copy of current professional association membership