



## Membership Application/Renewal Form

Name:

Address:

City/Suburb:  State:

Postcode:  Country:

Telephone:  Fax:

E-mail address:

Field of interest:   
(eg. Photobiology, Mutagenesis, Oxidative stress, Inflammation, Wound repair etc)

*(Students only)*

Supervisor (Name and Institute):

Degree enrolled in:  Year/level:

<b>Type of membership:</b>	<b>New membership</b>	<b>Renewal</b>
<b>Student membership</b>	<b>\$25 inc GST AUD</b>	
<b>Ordinary membership</b>	<b>\$75 inc GST AUD</b>	
<b>For information about Corporate membership, please email <a href="mailto:secretary@mepsa.org">secretary@mepsa.org</a></b>		

**New membership applicants please complete the following:**  
 "I wish to become a member of the Molecular and Experimental Pathology Society of Australasia. In the event of my admission as a member, I agree to be bound by the rules of the Society."

Sign here:  Date:   
*(or insert "Electronically transmitted" if emailing)*

I,  as a member of the Society, nominate the applicant, who is personally known to me, for membership of the Society.  
*(This section can be completed on your behalf if required)*

Sign here:  Date:   
*(or insert "Electronically transmitted" if emailing)*

Indicate which payment option you have selected:

(1) Direct deposit to: Molecular and Experimental Pathology Society of Australasia, BSB: 06-5114 Account No: 10174673. If paying this way, please use your surname and first initial as the Receiver Reference (e.g. Linda Zhang uses ZHANG L)

2) Application form mailed, with a cheque or money order made out to 'MEPSA', to:  
 Dr Shelley Gorman, Telethon Institute for Child Health Research, 100 Roberts Road, Subiaco, Western Australia, AUSTRALIA 6008

(Molecular and Experimental Pathology Society of Australasia ABN 97 829 237 070)