



*The Australian and New Zealand Society for
Magnetic Resonance*
ABN 10 067 954 438

Membership Application Form

Title: _____

Family name: _____

First name: _____

Contact address: _____

Phone: _____ Fax: _____

Email: _____

Employer's name: _____

Membership level Member (\$40; 2 years) Student member (\$20; 2 years)

If student member: Degree/Diploma _____
 Dept and Institution _____
 Supervisor's name _____
 Supervisor's signature _____

For Bank transfer, use the ANZMAG account:

Bank: National Australia Bank
Branch: 174 City Rd, Chippendale
Account name: Australian and New Zealand Society for Magnetic Resonance
BSB: 082-372 Account number: 64-059-7458
SWIFT code: Nataau3302s
Please state purpose of payment

For cheque payment, make cheques payable to **ANZMAG** (Please clearly state purpose of payment)

Please forward completed form and cheque (if applicable) to:
Prof Caroline Rae, Prince of Wales Medical Research Institute, Barker St, Randwick, NSW 2031
Australia [e-mail: c.rae@unsw.edu.au, ph: +61 2 93991211, fax: +61-2-93991026]