



*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, Neuroscience Research
Australia, Barker St, Randwick, NSW 2031 Australia [e-mail: c.rae@unsw.edu.au, ph: +61 2 93991211, fax:
+61-2-93991026]