**AUSTRALIAN VASCULAR BIOLOGY SOCIETY INC.**

# Application for Membership

*The application should be completed and forwarded to the Treasurer of the Society:*

Dr Denuja Karunakaran

Department of Physiology

Monash University

Wellington Rd.,

Clayton, VIC 3800
denuja.karunakaran@monash.edu

**Applicants for membership should pay for their annual fees on submission of this form**

* **Full Member - $35 for 1 year; $90 for 3 years**
* **Student member - $10 for 1 year; $25 for 3 years**

**Either fill in the Credit Card details on the next page, or send a cheque (payable to the Australian Vascular Biology Society), or pay by direct deposit. Include method of payment when submitting this form**

I, Prof/Dr/Mr/Ms …………………………………………………………………………………………………………

 *(Surname, Block Letters) (Given Names)*

of …………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………

 *(Complete business address)*

wish to become an Ordinary/Student/Sustaining member of the Australian Vascular Biology Society Inc.

Qualification(s): ….……………………………………………………………………………………………………

Field(s) of special interest: …..………………………………………………………………………………………

Address for Correspondence: …..………………………………………………………………..…………………

 …..………………………………………………………………..…………………

 …..………………………………………………………………..…………………

 Tel: …………………………………………………………………..…………………

 Email: ….………………………………………………………………..…………………

In the event of my admission as a member, I agree to be bound by the Rules of the Society.

 ………………………………………………………………………………………………

 *(Signature of applicant) (Date)*

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**FOR NEW MEMBER APPLICANTS ONLY…**

I, a member of the **Australian Vascular Biology Society, nominate the applicant, who is personally**

**known to me, for membership of the Society.**

 ……………………………………………………………………………………………………………

 *(Name of Proposer) (Signature) (Date)*

I, a member of the **Australian Vascular Biology Society, second the nomination of the applicant,**

**who is personally known to me, for membership of the Society.**

 ……………………………………………………………………………………………………………

 *(Name of Seconder) (Signature) (Date)*

**Please note: if you are unable to access existing AVBS members to complete the form, leave this section blank and the Treasurer will complete it.**

**AUSTRALIAN VASCULAR BIOLOGY SOCIETY INC.**

PAYMENT OF MEMBERSHIP OF AUSTRALIAN VASCULAR BIOLOGY SOCIETY

Full Membership 1 Year $35.00 3 Year $90.00

Student Membership 1 Year $10.00 3 Year $25.00

(Tick appropriate box)

Payment may be made by

* **CHEQUE** (in Australian dollars, payable to ‘**Australian Vascular Biology Society Inc**.’)

OR

* **CREDIT CARD**

OR

* **DIRECT DEPOSIT (Australian Vascular Biology Society account 082-330 580412238)**

**Put member’s surname in reference line. Email completed form to Treasurer.**

(tick appropriate card)

TYPE: MasterCard Y

 VISA

Name (as it appears on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card No:\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Expiry Date: \_\_/\_\_ Amount Paid: AUD$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_