AUSTRALASIAN SOCIETY FOR STEM CELL RESEARCH
ABN 45 374 899 784
PO Box 8159, Monash University LPO
Wellington Road, Clayton Victoria 3800, Australia
www.asscr.org

MEMBERSHIP APPLICATION & RENEWAL FORM / TAX INVOICE

Date

Surname _____ **First name** _____

Are you already a member? Y/N

Please complete the following if you are a new member or if your details have changed

Contact details:

Title _____ Qualifications _____

Institution _____ Position held _____

Address _____ Telephone _____

_____ Fax _____

_____ E-mail _____

City _____ State _____ Postcode _____ Include details in ASSCR directory / website? Yes ☐ No ☐

Country _____ *If Yes, your details may be made available to third party sponsors.*

Research Interests (Four key words) _____

I hereby apply for ***Full / Student / Associate*** of the Australasian Society for Stem Cell Research. If elected, I agree to abide by the Constitution of the Society and the pay the Annual Subscription so long as I shall remain a member. _____

Student status endorsement

Course _____ Year of completion _____ Signature

Institution _____

Supervisor/Head of Department name _____

Annual subscription

Membership fees are due on August 1st of each year. Payment now will be until August 2010. All payments should be made in Australian dollars. If payment is made by direct bank transfer, all fees must be paid by the remitter.

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☐ **Direct credit details** – Bank: ANZ,
BSB: 012299, Account number: 4843-20579, Account name:
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TAX INVOICE

This notice becomes a Tax Invoice on receipt of payment – please keep a copy.
This Tax Invoice has been issued by the Treasurer on behalf of ASSCR (ABN 45 374 899 784)
For queries, please contact info@asscr.org