



**Membership
Application
Form**

COST: \$40

PAYMENT

Cheque
Payable to VARN ANF (Vic Branch)

OR

Direct Debit (Funds Transfer)
BSB: 063349
Account: 10085146
Reference: Your Name

*Please forward this form & Payment
(Cheque or Funds Transfer Receipt) to:*

Candice Hall

VARN Treasurer

Clinical Translation Centre
Walter and Eliza Hall Institute
1G Royal Parade, Parkville
VIC 3052

Email: candice.hall@mh.org.au

Mobile: 0405 333 965

NAME: _____

EMAIL: _____

WORKPLACE: _____

ADDRESS: _____

TELEPHONE: _____