



**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: \_\_\_\_\_